

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I PERIOD	I INTERMEDIARY USE ONLY	I DATE RECEIVED:
COST REPORT CERTIFICATION	I	14-0084	I FROM 12/ 1/2009	I --AUDITED --DESK REVIEW	I / /
AND SETTLEMENT SUMMARY	I		I TO 11/30/2010	I --INITIAL --REOPENED	I INTERMEDIARY NO:
	I		I	I --FINAL 1-MCR.CODE	I
				I 00 - # OF REOPENINGS	I

ELECTRONICALLY FILED COST REPORT

DATE: 4/28/2011 TIME 8:39

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

VISTA MEDICAL CENTER - EAST 14-0084
FOR THE COST REPORTING PERIOD BEGINNING 12/ 1/2009 AND ENDING 11/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION

DATE: 4/28/2011 TIME 8:39

UFZYV5RbhmaIr0OedFAu68hLMKjRn0
vF9on0YR7E79y2PM.d5C4z8vRLKm.z
5zcZ09gRVD0w07tw-----
PI ENCRYPTION INFORMATION

DATE: 4/28/2011 TIME 8:39

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G:HF10zi:TeV9e8BbCTFI1rHS1L97J
L1ft3eku4T07uUKC

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

Senior Vice President Revenue Management
TITLE4-25-11
DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3		4
1 HOSPITAL	0	599,626	93,676	0	
100 TOTAL	0	599,626	93,676	0	

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

PREPARED 4/28/2011 8:37

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FORM APPROVED
OMB NO. 0938-0050WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
CARE COMPLEX	I	14-0084	I	FROM 12/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
COST REPORT CERTIFICATION	I		I	TO 11/30/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
AND SETTLEMENT SUMMARY	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 4/28/2011 TIME 8:37

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CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

VISTA MEDICAL CENTER - EAST

14-0084

FOR THE COST REPORTING PERIOD BEGINNING 12/ 1/2009 AND ENDING 11/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)_____
TITLE_____
DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX	
	1	A	2	B	3	4
1						
100	HOSPITAL	0	599,626	93,676	0	
	TOTAL	0	599,626	93,676	0	

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1324 NORTH SHERIDAN ROAD P.O. BOX:
1.01 CITY: WAUKEGAN STATE: IL ZIP CODE: 60085- COUNTY: LAKE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;					PAYMENT SYSTEM (P,T,O OR N)		
COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	V	XVIII	XIX
0	1	2	2.01	3	4	5	6
02.00 HOSPITAL	VISTA MEDICAL CENTER - EAST	14-0084		7/ 1/1966	N	P	P

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 12/ 1/2009 TO: 11/30/2010

18 TYPE OF CONTROL

1 2
4

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y N

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 29404

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRU) ENTER "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS). IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 or MMEA §108? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. (SEE INSTRUCTIONS) N N

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 3 N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO
IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO
YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR
NO IN COLUMN 2 N
34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N
35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?
35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) V XVIII XIX
1 2 3
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE
WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N Y N
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?
IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME
OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS).

40.01 NAME: COMMUNITY HEALTH SYSTEMS FI/CONTRACTOR NAME WPS Y 449008 FI/CONTRACTOR # 52280
40.02 STREET: 4000 MERIDIAN BLVD P.O. BOX:
40.03 CITY: FRANKLIN STATE: TN ZIP CODE: 37067-

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR
CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT.
(SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)					
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV					
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE					
53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					0
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /					
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					
PREMIUMS:			348,655		
PAID LOSSES:			112,167		
AND/OR SELF INSURANCE:			0		
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.					N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.					N

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEES 4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		N			
58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		N			
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).				0	
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)		N			
60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(c)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC).				0	

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO. N

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 3/21/2011

MISCELLANEOUS DATA

64.00 DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO.

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	185	67,525					8,387
2 HMO						19,168	884
2 01 HMO - (IRF PPS SUBPROVIDER)						868	
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	185	67,525				19,168	8,387
6 INTENSIVE CARE UNIT	22	8,030				3,308	815
11 NURSERY							3,252
12 TOTAL	207	75,555				22,476	12,454
13 RPCH VISITS							
14 SUBPROVIDER							
14 01 SUBPROVIDER 2							
18 HOME HEALTH AGENCY							
21 HOSPICE							
25 TOTAL	207						
26 OBSERVATION BED DAYS							89
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	DISCHARGES NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			38,745				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			38,745				
6 INTENSIVE CARE UNIT			5,737				
11 NURSERY			3,754				
12 TOTAL			48,236				
13 RPCH VISITS							
14 SUBPROVIDER							
14 01 SUBPROVIDER 2							
18 HOME HEALTH AGENCY							
21 HOSPICE							
25 TOTAL							
26 OBSERVATION BED DAYS			639				
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					4,599	3,100	11,754
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		785.03			4,599	3,100	11,754
13 RPCH VISITS							
14 SUBPROVIDER							
14 01 SUBPROVIDER 2							
18 HOME HEALTH AGENCY							
21 HOSPICE							
25 TOTAL		785.03					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 4/28/2011
 I 14-0084 I FROM 12/ 1/2009 I WORKSHEET S-3
 I I TO 11/30/2010 I PARTS II & III

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1	SALARIES						
2	TOTAL SALARY	48,201,875		48,201,875	1,632,900.00	29.52	
3	NON-PHYSICIAN ANESTHETIST PART A						
4	NON-PHYSICIAN ANESTHETIST PART B						
4.01	PHYSICIAN - PART A						
5	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5.01	PHYSICIAN - PART B						
6	NON-PHYSICIAN - PART B						
6.01	INTERNS & RESIDENTS (APPRVD)						
7	CONTRACT SERVICES, I&R						
8	HOME OFFICE PERSONNEL						
8.01	SNF						
9	EXCLUDED AREA SALARIES	572,204	329,746	901,950	28,638.00	31.49	
9.01	OTHER WAGES & RELATED COSTS						
9.02	CONTRACT LABOR:	3,335		3,335	65.00	51.31	
9.03	PHARMACY SERVICES UNDER CONTRACT						
10	LABORATORY SERVICES UNDER CONTRACT						
10.01	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
11	CONTRACT LABOR: PHYS PART A	282,669		282,669	3,126.00	90.43	
12	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
12.01	HOME OFFICE SALARIES & WAGE RELATED COSTS	3,193,880		3,193,880	48,496.00	65.86	
13	HOME OFFICE: PHYS PART A						
14	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
15	WAGE RELATED COSTS						
16	WAGE-RELATED COSTS (CORE)	10,320,469		10,320,469			CMS 339
17	WAGE-RELATED COSTS (OTHER)						CMS 339
18	EXCLUDED AREAS	168,624		168,624			CMS 339
19	NON-PHYS ANESTHETIST PART A						CMS 339
20	NON-PHYS ANESTHETIST PART B						CMS 339
21	PHYSICIAN PART A						CMS 339
22	PART A TEACHING PHYSICIANS						CMS 339
23	PHYSICIAN PART B						CMS 339
24	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
25	INTERNS & RESIDENTS (APPRVD)						CMS 339
26	OVERHEAD COSTS - DIRECT SALARIES						
27	EMPLOYEE BENEFITS	372,718		372,718	10,214.00	36.49	
28	ADMINISTRATIVE & GENERAL	5,829,604	-329,907	5,499,697	238,266.00	23.08	
29	A & G UNDER CONTRACT	159,008		159,008	2,209.53	71.96	
30	MAINTENANCE & REPAIRS						
31	OPERATION OF PLANT	928,358		928,358	37,841.00	24.53	
32	LAUNDRY & LINEN SERVICE						
33	HOUSEKEEPING						
34	HOUSEKEEPING UNDER CONTRACT						
35	DIETARY						
36	DIETARY UNDER CONTRACT						
37	CAFETERIA						
38	MAINTENANCE OF PERSONNEL						
39	NURSING ADMINISTRATION	1,740,985		1,740,985	42,487.00	40.98	
40	CENTRAL SERVICE AND SUPPLY	570,805		570,805	41,561.00	13.73	
41	PHARMACY	1,474,721		1,474,721	43,922.00	33.58	
42	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,118,537		1,118,537	55,416.00	20.18	
43	SOCIAL SERVICE						
44	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	48,360,883		48,360,883	1,635,109.53	29.58	
2	EXCLUDED AREA SALARIES	572,204	329,746	901,950	28,638.00	31.49	
3	SUBTOTAL SALARIES	47,788,679	-329,746	47,458,933	1,606,471.53	29.54	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	3,479,884		3,479,884	51,687.00	67.33	
5	SUBTOTAL WAGE-RELATED COSTS	10,320,469		10,320,469		21.75	
6	TOTAL	61,589,032	-329,746	61,259,286	1,658,158.53	36.94	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	12,194,736	-329,907	11,864,829	471,916.53	25.14	

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	4/28/2011
I	14-0084	I	FROM 12/ 1/2009	I	WORKSHEET	S-10
I		I	TO 11/30/2010	I		
I		I		I		

ARE INFORMATION

- UNCOMPENSATED CARE INFORMATION
- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
- 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER
LINES 2.01 THRU 2.04
- 2.01 IS IT AT THE TIME OF ADMISSION?
- 2.02 IS IT AT THE TIME OF FIRST BILLING?
- 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
- 2.04
- 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
- 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE
JUDGMENT WITHOUT FINANCIAL DATA?
- 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
- 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS)
DATA?
- 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET
WORTH DATA?
- 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD
DEBT AND CHARITY CARE? IF YES ANSWER 8.01
- 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT
SERVICES?
- 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN
YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
- 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE
ELIGIBILITY?
- 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE
CHARITY FROM BAD DEBT?
- 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON
CHARITY DETERMINATION?
- 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE
DISTINCTION IMPORTANT?
- 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS
(SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO
BE A CHARITY WRITE OFF?
- 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA,
IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY
LEVEL? IF YES ANSWER 11.01 THRU 11.04
- 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL
POVERTY LEVEL?
- 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150%
OF THE FEDERAL POVERTY LEVEL?
- 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200%
OF THE FEDERAL POVERTY LEVEL?
- 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF
THE FEDERAL POVERTY LEVEL?
- 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME
PATIENTS ON A GRADUAL SCALE?
- 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH
PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY
MEDICAL EXPENSES?
- 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED?
IF YES ANSWER LINES 14.01 AND 14.02
- 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT
GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING
COMPENSATED CARE?
- 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM
GOVERNMENT FUNDING?
- 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE
TO CHARITY PATIENTS?
- 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE
CHARITY CARE?
- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE 1,239,503
- 17.01 GROSS MEDICAID REVENUES 33,421,958
- 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
- 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
- 20 RESTRICTED GRANTS
- 21 NON-RESTRICTED GRANTS
- 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES 34,661,461
- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL
INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103,
DIVIDED BY COLUMN 8, LINE 103) .146237
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST
(LINE 23 * LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
- 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 164,531,275

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	24,060,560
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	37,641,962
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	5,504,648
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	24,060,560

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-0084
II PERIOD:
I FROM 12/ 1/2009
I TO 11/30/2010I PREPARED 4/28/2011
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,635,899	1,635,899	2,184,724	3,820,623
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		5,292,979	5,292,979	2,509,007	7,801,986
5	0500 EMPLOYEE BENEFITS	372,718	355,508	728,226	6,634,935	7,363,161
6	0600 ADMINISTRATIVE & GENERAL	5,829,604	51,259,254	57,088,858	-10,439,584	46,649,274
8	0800 OPERATION OF PLANT	928,358	3,557,130	4,485,488	-7,782	4,477,706
9	0900 LAUNDRY & LINEN SERVICE		699,466	699,466		699,466
10	1000 HOUSEKEEPING		2,340,961	2,340,961		2,340,961
11	1100 DIETARY		2,282,016	2,282,016	-96	2,281,920
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	1,740,985	312,634	2,053,619	-658	2,052,961
15	1500 CENTRAL SERVICES & SUPPLY	570,805	10,621,267	11,192,072	-9,874,321	1,317,751
16	1600 PHARMACY	1,474,721	5,103,909	6,578,630	-4,831,564	1,747,066
17	1700 MEDICAL RECORDS & LIBRARY	1,118,537	1,191,642	2,310,179	-2,630	2,307,549
18	1800 SOCIAL SERVICE					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	10,180,547	2,642,893	12,823,440	-46,450	12,776,990
26	2600 INTENSIVE CARE UNIT	3,375,910	563,064	3,938,974	-21,687	3,917,287
31	3100 SUBPROVIDER	45	3	48	-48	
31.01	3101 SUBPROVIDER 2	116	22,290	22,406	-22,406	
33	3300 NURSERY	1,026,733	253,205	1,279,938	104,046	1,383,984
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	2,676,499	3,205,528	5,882,027	-490,047	5,391,980
38	3800 RECOVERY ROOM	1,713,324	170,290	1,883,614	-11,425	1,872,189
39	3900 DELIVERY ROOM & LABOR ROOM	1,634,161	477,838	2,111,999	-215,263	1,896,736
40	4000 ANESTHESIOLOGY	55,927	2,210,672	2,266,599	-11,700	2,254,899
41	4100 RADIOLOGY-DIAGNOSTIC	2,680,918	3,471,087	6,152,005	1,167,712	7,319,717
41.01	3630 ULTRASOUND	304,611	61,242	365,853	-365,853	
41.02	4101 CT SCAN	514,825	479,777	994,602	-994,602	
41.03	4102 MRI	158,066	153,143	311,209	-311,209	
43	4300 RADIOISOTOPE	269,769	492,652	762,421	-762,421	
44	4400 LABORATORY	2,589,639	3,260,596	5,850,235	-53,562	5,796,673
49	4900 RESPIRATORY THERAPY	995,052	482,311	1,477,363	-125,509	1,351,854
49.01	4901 GATRO INTESTINAL SVCS					
50	5000 PHYSICAL THERAPY	1,693,866	471,743	2,165,609	212,478	2,378,087
51	5100 OCCUPATIONAL THERAPY	249,475	20,953	270,428	-270,428	
52	5200 SPEECH PATHOLOGY	150,071	12,009	162,080	-162,080	
53	5300 ELECTROCARDIOLOGY	1,568,209	747,710	2,315,919	-21,398	2,294,521
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				9,876,962	9,876,962
56	5600 DRUGS CHARGED TO PATIENTS				4,814,931	4,814,931
57	5700 RENAL DIALYSIS		493,122	493,122		493,122
59	3160 CARDIAC REHAB					
59.01	3120 GUIDANCE	182,791	16,559	199,350	-219	199,131
59.02	3020 WOUND CARE	210,860	77,965	288,825	-288,825	
	OUTPAT SERVICE COST CNTRS					
61	6100 EMERGENCY	3,362,690	1,521,052	4,883,742	262,495	5,146,237
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	561,472	319,468	880,940	-2,660	878,280
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
93	9300 HOSPICE					
95	SUBTOTALS	48,191,304	106,279,837	154,471,141	-1,567,137	152,904,004
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES					
98.01	9801 CHIROPRACTIC WORKS LESSEE					
100	7950 CLINIC CORPORATION				14,701	14,701
100.01	7951 SENIOR CIRCLE	10,571	30,939	41,510		41,510
100.02	7952 MARKETING				1,440,088	1,440,088
100.03	7953 VISTA MEDICAL CENTER WEST				112,348	112,348
100.04	7954 OTHER NONREIMBURSABLE COST CENTERS					
100.05	7955 OTHER NONREIMBURSABLE COST CENTERS					
100.06	7956 OTHER NONREIMBURSABLE COST CENTERS					
101	TOTAL	48,201,875	106,310,776	154,512,651	-0-	154,512,651

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-0084
II PERIOD:
I FROM 12/ 1/2009
I TO 11/30/2010I PREPARED 4/28/2011
I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	1,381,219	5,201,842
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-14,523	7,787,463
5	0500 EMPLOYEE BENEFITS	-8,259	7,354,902
6	0600 ADMINISTRATIVE & GENERAL	-30,312,768	16,336,506
8	0800 OPERATION OF PLANT	-219,465	4,258,241
9	0900 LAUNDRY & LINEN SERVICE	-2,102	697,364
10	1000 HOUSEKEEPING	-734,599	1,606,362
11	1100 DIETARY	-3,203	2,278,717
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION	-678,886	1,374,075
15	1500 CENTRAL SERVICES & SUPPLY		1,317,751
16	1600 PHARMACY		1,747,066
17	1700 MEDICAL RECORDS & LIBRARY	-12,002	2,295,547
18	1800 SOCIAL SERVICE		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-989,859	11,787,131
26	2600 INTENSIVE CARE UNIT		3,917,287
31	3100 SUBPROVIDER		
31.01	3101 SUBPROVIDER 2		
33	3300 NURSERY	-75,712	1,308,272
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-846,499	4,545,481
38	3800 RECOVERY ROOM	-9,981	1,862,208
39	3900 DELIVERY ROOM & LABOR ROOM	-55,000	1,841,736
40	4000 ANESTHESIOLOGY	-1,935,929	318,970
41	4100 RADIOLOGY-DIAGNOSTIC	-8,598	7,311,119
41.01	3630 ULTRASOUND		
41.02	4101 CT SCAN		
41.03	4102 MRI		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY		5,796,673
49	4900 RESPIRATORY THERAPY		1,351,854
49.01	4901 GATRO INTESTINAL SVCS		
50	5000 PHYSICAL THERAPY	-2,827	2,375,260
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY	-185,760	2,108,761
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-15	9,876,947
56	5600 DRUGS CHARGED TO PATIENTS	-5,694	4,809,237
57	5700 RENAL DIALYSIS		493,122
59	3160 CARDIAC REHAB		
59.01	3120 GUIDANCE		199,131
59.02	3020 WOUND CARE		
	OUTPAT SERVICE COST CNTRS		
61	6100 EMERGENCY	-680,150	4,466,087
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		878,280
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
93	9300 HOSPICE		
95	SUBTOTALS	-35,400,612	117,503,392
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		
98.01	9801 CHIROPRACTIC WORKS LESSEE		
100	7950 CLINIC CORPORATION		14,701
100.01	7951 SENIOR CIRCLE		41,510
100.02	7952 MARKETING		1,440,088
100.03	7953 VISTA MEDICAL CENTER WEST		112,348
100.04	7954 OTHER NONREIMBURSABLE COST CENTERS		
100.05	7955 OTHER NONREIMBURSABLE COST CENTERS		
100.06	7956 OTHER NONREIMBURSABLE COST CENTERS		
101	TOTAL	-35,400,612	119,112,039

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 4/28/2011
 I 14-0084 I FROM 12/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 11/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2	3101	SUBPROVIDER #####
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	ULTRASOUND	3630	ULTRA SOUND
41.02	CT SCAN	4101	RADIOLOGY-DIAGNOSTIC
41.03	MRI	4102	RADIOLOGY-DIAGNOSTIC
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
49.01	GATRO INTESTINAL SVCS	4901	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	CARDIAC REHAB	3160	CARDIOPULMONARY
59.01	GUIDANCE	3120	CARDIAC CATHETERIZATION LABORATORY
59.02	WOUND CARE	3020	ACUPUNCTURE
	OUTPAT SERVICE COST		
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
98.01	CHIROPRACTIC WORKS LESSEE	9801	PHYSICIANS' PRIVATE OFFICES
100	CLINIC CORPORATION	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	SENIOR CIRCLE	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	MARKETING	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	VISTA MEDICAL CENTER WEST	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	OTHER NONREIMBURSABLE COST CENTERS	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	OTHER NONREIMBURSABLE COST CENTERS	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	OTHER NONREIMBURSABLE COST CENTERS	7956	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140084	FROM 12/ 1/2009	4/28/2011
	TO 11/30/2010	WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE			
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4 OTHER 5
1 RECLASS EMPLOYEE BENEFITS	A	EMPLOYEE BENEFITS	5	6,639,047
2 RECLASS OXYGEN COSTS	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	41,091
3		CENTRAL SERVICES & SUPPLY	15	5
4				
5				
6				
7 RECLASS RENT AND LEASES	C	NEW CAP REL COSTS-MVBLE EQUIP	4	2,491,404
8		WOUND CARE	59.02	315
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32 RECLASS OTHER CAPITAL COSTS	D	NEW CAP REL COSTS-BLDG & FIXT	3	126,840
33		NEW CAP REL COSTS-MVBLE EQUIP	4	17,603
34		NEW CAP REL COSTS-BLDG & FIXT	3	2,072,534
35 RECLASS MARKETING EXPENSES	E	MARKETING	100.02	202,858
1 RECLASS MARKETING EXPENSES	E			1,237,230
2 RECLASS MEDICAL SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	9,835,871
3				
4 RECLASS DRUGS / IV SOLUTIONS	G	DRUGS CHARGED TO PATIENTS	56	4,814,931
5 RECLASS LABOR & DELIVERY COSTS	H	ADULTS & PEDIATRICS	25	21,393
6		NURSERY	33	68,095
7 RECLASS THERAPY COSTS	I	PHYSICAL THERAPY	50	63,850
8				45,288
9 RECLASS MISC DEPARTMENTS	J	ADULTS & PEDIATRICS	25	399,546
10		EMERGENCY	61	32,962
11				162
12 RECLASS OTHER RADIOLOGY COSTS	K	RADIOLOGY-DIAGNOSTIC	41	22,293
13				210,859
14				78,280
15				
16 RECLASS WAGES TO RELATED PARTIES	L	CLINIC CORPORATION	100	1,247,271
17		VISTA MEDICAL CENTER WEST	100.03	1,186,627
36 TOTAL RECLASSIFICATIONS				14,701
				112,348
				2,319,690
				28,663,714

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140084	FROM 12/ 1/2009	4/28/2011
	TO 11/30/2010	WORKSHEET A-6

----- DECREASE -----						A-7 REF
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	LINE NO	SALARY 8	OTHER 9	
1 RECLASS EMPLOYEE BENEFITS	A	ADMINISTRATIVE & GENERAL	6		6,639,047	
2 RECLASS OXYGEN COSTS	B	OPERATING ROOM	37		4,134	
3		ANESTHESIOLOGY	40		4,918	
4		LABORATORY	44		346	
5		RESPIRATORY THERAPY	49		30,700	
6		EMERGENCY	61		998	
7 RECLASS RENT AND LEASES	C	NEW CAP REL COSTS-BLDG & FIXT	3		14,650	10
8		EMPLOYEE BENEFITS	5		875	
9		ADMINISTRATIVE & GENERAL	6		19,660	
10		OPERATION OF PLANT	8		7,782	
11		DIETARY	11		96	
12		NURSING ADMINISTRATION	14		658	
13		CENTRAL SERVICES & SUPPLY	15		96,639	
14		PHARMACY	16		16,633	
15		MEDICAL RECORDS & LIBRARY	17		2,630	
16		ADULTS & PEDIATRICS	25		158,393	
17		INTENSIVE CARE UNIT	26		21,687	
18		NURSERY	33		5,092	
19		OPERATING ROOM	37		427,729	
20		RECOVERY ROOM	38		11,425	
21		DELIVERY ROOM & LABOR ROOM	39		16,637	
22		ANESTHESIOLOGY	40		6,782	
23		RADIOLOGY-DIAGNOSTIC	41		1,266,186	
24		RADIOISOTOPE	43		187	
25		LABORATORY	44		53,216	
26		RESPIRATORY THERAPY	49		94,809	
27		PHYSICAL THERAPY	50		220,030	
28		ELECTROCARDIOLOGY	53		21,398	
29		GUIDANCE	59.01		219	
30		EMERGENCY	61		25,646	
31		AMBULANCE SERVICES	65		2,660	
32 RECLASS OTHER CAPITAL COSTS	D	ADMINISTRATIVE & GENERAL	6		2,216,977	12
33						12
34						13
35 RECLASS MARKETING EXPENSES	E	ADMINISTRATIVE & GENERAL	6	202,858	1,233,993	
1 RECLASS MARKETING EXPENSES	E	EMPLOYEE BENEFITS	5		3,237	
2 RECLASS MEDICAL SUPPLIES	F	CENTRAL SERVICES & SUPPLY	15		9,777,687	
3		OPERATING ROOM	37		58,184	
4 RECLASS DRUGS / IV SOLUTIONS	G	PHARMACY	16		4,814,931	
5 RECLASS LABOR & DELIVERY COSTS	H	DELIVERY ROOM & LABOR ROOM	39	131,945	66,681	
6						
7 RECLASS THERAPY COSTS	I	OCCUPATIONAL THERAPY	51	249,475	20,953	
8		SPEECH PATHOLOGY	52	150,071	12,009	
9 RECLASS MISC DEPARTMENTS	J	SUBPROVIDER	31	45	3	
10		SUBPROVIDER 2	31.01	116	22,290	
11		WOUND CARE	59.02	210,860	78,280	
12 RECLASS OTHER RADIOLOGY COSTS	K	ULTRASOUND	41.01	304,611	61,242	
13		CT SCAN	41.02	514,825	479,777	
14		MRI	41.03	158,066	153,143	
15		RADIOISOTOPE	43	269,769	492,465	
16 RECLASS WAGES TO RELATED PARTIES	L	ADMINISTRATIVE & GENERAL	6	127,049		
17						
36 TOTAL RECLASSIFICATIONS				2,319,690	28,663,714	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140084	FROM 12/ 1/2009	4/28/2011
	TO 11/30/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : RECLASS EMPLOYEE BENEFITS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	EMPLOYEE BENEFITS	6,639,047			
	TOTAL RECLASSIFICATIONS FOR CODE A	6,639,047			

RECLASS CODE: B
EXPLANATION : RECLASS OXYGEN COSTS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	41,091	37	OPERATING ROOM	4,134
2.00	CENTRAL SERVICES & SUPPLY	5	40	ANESTHESIOLOGY	4,918
3.00		0	44	LABORATORY	346
4.00		0	49	RESPIRATORY THERAPY	30,700
5.00		0	61	EMERGENCY	998
	TOTAL RECLASSIFICATIONS FOR CODE B	41,096			41,096

RECLASS CODE: C
EXPLANATION : RECLASS RENT AND LEASES

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2,491,404	3	NEW CAP REL COSTS-BLDG & FIXT	14,650
2.00	WOUND CARE	315	5	EMPLOYEE BENEFITS	875
3.00		0	6	ADMINISTRATIVE & GENERAL	19,660
4.00		0	8	OPERATION OF PLANT	7,782
5.00		0	11	DIETARY	96
6.00		0	14	NURSING ADMINISTRATION	658
7.00		0	15	CENTRAL SERVICES & SUPPLY	96,639
8.00		0	16	PHARMACY	16,633
9.00		0	17	MEDICAL RECORDS & LIBRARY	2,630
10.00		0	25	ADULTS & PEDIATRICS	158,393
11.00		0	26	INTENSIVE CARE UNIT	21,687
12.00		0	33	NURSERY	5,092
13.00		0	37	OPERATING ROOM	427,729
14.00		0	38	RECOVERY ROOM	11,425
15.00		0	39	DELIVERY ROOM & LABOR ROOM	16,637
16.00		0	40	ANESTHESIOLOGY	6,782
17.00		0	41	RADIOLOGY-DIAGNOSTIC	1,266,186
18.00		0	43	RADIOISOTOPE	187
19.00		0	44	LABORATORY	53,216
20.00		0	49	RESPIRATORY THERAPY	94,809
21.00		0	50	PHYSICAL THERAPY	220,030
22.00		0	53	ELECTROCARDIOLOGY	21,398
23.00		0	59.01	GUIDANCE	219
24.00		0	61	EMERGENCY	25,646
25.00		0	65	AMBULANCE SERVICES	2,660
	TOTAL RECLASSIFICATIONS FOR CODE C	2,491,719			2,491,719

RECLASS CODE: D
EXPLANATION : RECLASS OTHER CAPITAL COSTS

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	126,840	6	ADMINISTRATIVE & GENERAL	2,216,977
2.00	NEW CAP REL COSTS-MVBLE EQUIP	17,603			0
3.00	NEW CAP REL COSTS-BLDG & FIXT	2,072,534			0
	TOTAL RECLASSIFICATIONS FOR CODE D	2,216,977			2,216,977

RECLASS CODE: E
EXPLANATION : RECLASS MARKETING EXPENSES

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	MARKETING	1,440,088	6	ADMINISTRATIVE & GENERAL	1,436,851
2.00		0	5	EMPLOYEE BENEFITS	3,237
	TOTAL RECLASSIFICATIONS FOR CODE E	1,440,088			1,440,088

RECLASS CODE: F
EXPLANATION : RECLASS MEDICAL SUPPLIES

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	9,835,871	15	CENTRAL SERVICES & SUPPLY	9,777,687

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
140084	FROM 12/ 1/2009	4/28/2011
	TO 11/30/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: F
EXPLANATION : RECLASS MEDICAL SUPPLIES

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE F			9,835,871

DECREASE			
COST CENTER	LINE	AMOUNT	
OPERATING ROOM	37	58,184	
		9,835,871	

RECLASS CODE: G
EXPLANATION : RECLASS DRUGS / IV SOLUTIONS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	4,814,931
TOTAL RECLASSIFICATIONS FOR CODE G			4,814,931

DECREASE			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	4,814,931	
		4,814,931	

RECLASS CODE: H
EXPLANATION : RECLASS LABOR & DELIVERY COSTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	89,488
2.00	NURSERY	33	109,138
TOTAL RECLASSIFICATIONS FOR CODE H			198,626

DECREASE			
COST CENTER	LINE	AMOUNT	
DELIVERY ROOM & LABOR ROOM	39	198,626	
		0	
		198,626	

RECLASS CODE: I
EXPLANATION : RECLASS THERAPY COSTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICAL THERAPY	50	432,508
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE I			432,508

DECREASE			
COST CENTER	LINE	AMOUNT	
OCCUPATIONAL THERAPY	51	270,428	
SPEECH PATHOLOGY	52	162,080	
		432,508	

RECLASS CODE: J
EXPLANATION : RECLASS MISC DEPARTMENTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	22,455
2.00	EMERGENCY	61	289,139
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE J			311,594

DECREASE			
COST CENTER	LINE	AMOUNT	
SUBPROVIDER	31	48	
SUBPROVIDER 2	31.01	22,406	
WOUND CARE	59.02	289,140	
		311,594	

RECLASS CODE: K
EXPLANATION : RECLASS OTHER RADIOLOGY COSTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	RADIOLOGY-DIAGNOSTIC	41	2,433,898
2.00			0
3.00			0
4.00			0
TOTAL RECLASSIFICATIONS FOR CODE K			2,433,898

DECREASE			
COST CENTER	LINE	AMOUNT	
ULTRASOUND	41.01	365,853	
CT SCAN	41.02	994,602	
MRI	41.03	311,209	
RADIOISOTOPE	43	762,234	
		2,433,898	

RECLASS CODE: L
EXPLANATION : RECLASS WAGES TO RELATED PARTIES

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	CLINIC CORPORATION	100	14,701
2.00	VISTA MEDICAL CENTER WEST	100.03	112,348
TOTAL RECLASSIFICATIONS FOR CODE L			127,049

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	127,049	
		0	
		127,049	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT							
7 SUBTOTAL							
8 RECONCILING ITEMS							
9 TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS	3,741,847	101,039		101,039		3,842,886	
3 BUILDINGS & FIXTURE	84,391,381	1,101,148		1,101,148		85,492,529	
4 BUILDING IMPROVEMEN	5,181,201	1,488,344		1,488,344	54,737	6,614,808	
5 FIXED EQUIPMENT	4,560,187	228,038		228,038		4,788,225	
6 MOVABLE EQUIPMENT	73,969,414	4,228,823		4,228,823	270,397	77,927,840	
7 SUBTOTAL	171,844,030	7,147,392		7,147,392	325,134	178,666,288	
8 RECONCILING ITEMS							
9 TOTAL	171,844,030	7,147,392		7,147,392	325,134	178,666,288	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION					COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			
				GROSS	CAPITIALIZED GROSS	ASSETS			INSURANCE	TAXES	OTHER CAPITAL	
*				ASSETS	LEASES	FOR RATIO	RATIO				RELATED COSTS	TOTAL
3	NEW CAP REL COSTS-BL			1	2	3	4	5	6	7	8	
4	NEW CAP REL COSTS-MV			95,950,223		95,950,223	.537036					
5	TOTAL			82,716,065		82,716,065	.462964					
				178,666,288		178,666,288	1.000000					

DESCRIPTION		SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	14	15
*		9	10	11	12	13		
3	NEW CAP REL COSTS-BL	2,031,883	-14,650	985,235	126,840	2,072,534		5,201,842
4	NEW CAP REL COSTS-MV	5,326,136	2,443,724		17,603			7,787,463
5	TOTAL	7,358,019	2,429,074	985,235	144,443	2,072,534		12,989,305

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION		SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST	TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	14	15
*		9	10	11	12	13		
3	NEW CAP REL COSTS-BL	1,635,899						1,635,899
4	NEW CAP REL COSTS-MV	5,292,979						5,292,979
5	TOTAL	6,928,878						6,928,878

- * All lines numbers except line 5 are to be consistent with workshseet A line numbers for capital cost centers.
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.
Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:

I 14-0084

I

I PERIOD:

I FROM 12/ 1/2009

I TO

11/30/2010

I PREPARED 4/28/2011

I WORKSHEET A-8

I

DESCRIPTION (1)		(2)	EXPENSE CLASSIFICATION ON		LINE NO	WKST. A-7 REF. 5
		BASIS/CODE 1	AMOUNT 2	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3		
1	INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3	INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5	INVESTMENT INCOME-OTHER					
6	TRADE, QUANTITY AND TIME DISCOUNTS					
7	REFUNDS AND REBATES OF EXPENSES					
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9	TELEPHONE SERVICES	B	-167,596	ADMINISTRATIVE & GENERAL	6	
10	TELEVISION AND RADIO SERVICE					
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-4,884,197			
13	SALE OF SCRAP, WASTE, ETC.					
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	-9,512,942			
15	LAUNDRY AND LINEN SERVICE					
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-3,203	DIETARY	11	
17	RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18	SALE OF MED AND SURG SUPPLIES	B	-15	MEDICAL SUPPLIES CHARGED	55	
19	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-5,694	DRUGS CHARGED TO PATIENTS	56	
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-12,002	MEDICAL RECORDS & LIBRARY	17	
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)	B	-631,232	NURSING ADMINISTRATION	14	
22	VENDING MACHINES	B	-1,687	ADMINISTRATIVE & GENERAL	6	
23	INCOME FROM IMPOSITION OF INTEREST					
24	INTRST EXP ON MEDICARE OVERPAYMENTS					
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28	UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30	DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES	A	1,083,556	NEW CAP REL COSTS-BLDG &	3	9
32	DEPRECIATION-NEW MOVABLE EQUIP	A	-310,013	NEW CAP REL COSTS-MVBLE E	4	9
33	NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34	PHYSICIANS' ASSISTANT					
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37	INSERVICE EDUCATION REVENUE	B	-16,895	NURSING ADMINISTRATION	14	
38	FITNESS REVENUE	B	-80,082	ADMINISTRATIVE & GENERAL	6	
39	CARELINE REVENUE	B	-77,884	ADMINISTRATIVE & GENERAL	6	
40	RENTAL INCOME	B	-799,889	NEW CAP REL COSTS-BLDG &	3	9
41	OTHER MISC REVENUE	B	-11,995	ADMINISTRATIVE & GENERAL	6	
42	ORG COST AMORTIZATION	A	-14,264	ADMINISTRATIVE & GENERAL	6	
43	BAD DEBTS	A	-13,980,321	ADMINISTRATIVE & GENERAL	6	
44	NON-ALLOWABLE PHONE / TV	A	-201,121	ADMINISTRATIVE & GENERAL	6	
44.01	NON-ALLOWABLE PHONE / TV	A	-45	EMPLOYEE BENEFITS	5	
44.02	NON-ALLOWABLE PHONE / TV	A	-8,598	RADIOLOGY-DIAGNOSTIC	41	
44.03	NON-ALLOWABLE PHONE / TV	A	-2,827	PHYSICAL THERAPY	50	
44.04	NON-ALLOWABLE PHONE / TV BENEFITS	A	-8,214	EMPLOYEE BENEFITS	5	
44.05	NON-ALLOWABLE PHONE / TV DEPREC	A	-18,162	NEW CAP REL COSTS-MVBLE E	4	9
45	PHYSICIAN RECRUITING	A	-158,637	ADMINISTRATIVE & GENERAL	6	
46	STATE OPERATING TAX	A	-4,863,324	ADMINISTRATIVE & GENERAL	6	
47	CLUB DUES AND LOBBYING	A	-56,465	ADMINISTRATIVE & GENERAL	6	
48	LEGAL FEES	A	-153,866	ADMINISTRATIVE & GENERAL	6	
49	CHARITABLE CONTRIBUTIONS	A	-800	ADMINISTRATIVE & GENERAL	6	
49.01	ALLOCATED SECURITY / PLANT OPS	A	-219,465	OPERATION OF PLANT	8	
49.02	ALLOCATED HOUSEKEEPING	A	-734,599	HOUSEKEEPING	10	
49.03	ALLOCATED LAUNDRY & LINEN	A	-2,102	LAUNDRY & LINEN SERVICE	9	
49.04	ALLOCATED RECOVERY ROOM	A	-9,981	RECOVERY ROOM	38	
49.05	ALLOCATED ANESTHESIA	A	-711	ANESTHESIOLOGY	40	
49.06	ALLOCATED EKG	A	-10,760	ELECTROCARDIOLOGY	53	
49.07	ALLOCATED BUSINESS OFFICE FROM WEST	A	475,420	ADMINISTRATIVE & GENERAL	6	
50	TOTAL (SUM OF LINES 1 THRU 49)		-35,400,612			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUST-MENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG & DIRECT CAPITAL RELATED IN	985,235		985,235	11
2	6	ADMINISTRATIVE & GENERAL PASI OPERATING COSTS	795,356		795,356	
3	3	NEW CAP REL COSTS-BLDG & PASI CAPITAL COSTS	59,670		59,670	9
4	3	NEW CAP REL COSTS-BLDG & NEW CAPITAL BUILDING & FI	52,647		52,647	9
4.01	4	NEW CAP REL COSTS-MVBLE E NEW CAPITAL MOVABLE EQUIP	361,332		361,332	9
4.02	6	ADMINISTRATIVE & GENERAL NON-CAPITAL HOME OFFICE C	3,069,610	9,699,010	-6,629,400	
4.03	6	ADMINISTRATIVE & GENERAL MALPRACTICE COSTS	460,822	5,550,924	-5,090,102	
4.04	4	NEW CAP REL COSTS-MVBLE E CIG LEASED EQUIPMENT	488,135	535,815	-47,680	10
5		TOTALS	6,272,807	15,785,749	-9,512,942	

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	100.00	COMMUNITY HEALTH SYSTEMS	0.00	HOME OFFICE
2	B	0.00	PASI	100.00	COLLECTION AGENCY
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

 I PROVIDER NO:
 I 14-0084
 I

 I PERIOD:
 I FROM 12/ 1/2009
 I TO 11/30/2010

 I PREPARED 4/28/2011
 I WORKSHEET A-8-2
 I GROUP 1

LINE NO.	WKSHT A 1	COST CENTER/ PHYSICIAN IDENTIFIER 2	TOTAL REMUN- ERATION 3	PROFES- SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNADJUSTED RCE LIMIT 8	5 PERCENT OF UNADJUSTED RCE LIMIT 9
1	6	ADMINISTRATIVE & GENERAL	96,000	96,000					
2	14	NURSING ADMINISTRATION	64,605		64,605	136,700	515	33,846	1,692
3	25	ADULTS & PEDIATRICS	989,859	989,859					
4	33	NURSERY	75,712	75,712					
5	37	OPERATING ROOM	846,499	846,499					
6	39	DELIVERY ROOM & LABOR ROO	55,000	55,000					
7	40	ANESTHESIOLOGY	1,935,218	1,935,218					
8	53	ELECTROCARDIOLOGY	175,000	175,000					
9	61	EMERGENCY	680,150	680,150					
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	4,918,043	4,853,438	64,605		515	33,846	1,692

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:

I PERIOD:

I PREPARED 4/28/2011

I 14-0084

I FROM 12/ 1/2009

I WORKSHEET A-8-2

I

I TO 11/30/2010

I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 6	ADMINISTRATIVE & GENERAL							96,000
2 14	NURSING ADMINISTRATION							30,759
3 25	ADULTS & PEDIATRICS					33,846	30,759	989,859
4 33	NURSERY							75,712
5 37	OPERATING ROOM							846,499
6 39	DELIVERY ROOM & LABOR ROO							55,000
7 40	ANESTHESIOLOGY							1,935,218
8 53	ELECTROCARDIOLOGY							175,000
9 61	EMERGENCY							680,150
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					33,846	30,759	4,884,197

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 4/28/2011
 I 14-0084 I FROM 12/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 11/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	-5	ACCUM.	COST	ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	92	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	FTES		ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	TOTAL	SUPPLIES	ENTERED
16	PHARMACY	15	COSTED	REQUIS	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED
18	SOCIAL SERVICE	17	PT. DAYS	& OP OBSV	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIV E & GENERAL	OPERATION OF PLANT
	0	3	4	5	5a.00	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	5,201,842	5,201,842					
005 NEW CAP REL COSTS-MVBLE E	7,787,463		7,787,463				
006 EMPLOYEE BENEFITS	7,354,902	75,189	112,563	7,542,654			
008 ADMINISTRATIVE & GENERAL	16,336,506	624,080	934,284	867,302	18,762,172	18,762,172	
009 OPERATION OF PLANT	4,258,241	1,498,864	2,243,890	146,402	8,147,397	1,525,535	9,672,932
010 LAUNDRY & LINEN SERVICE	697,364	88,902	133,091		919,357	172,142	286,293
011 HOUSEKEEPING	1,606,362	47,884	71,685		1,725,931	323,167	154,203
012 DIETARY	2,278,717	100,496	150,449		2,529,662	473,659	323,631
014 CAFETERIA		49,621	74,285		123,906	23,200	159,795
015 NURSING ADMINISTRATION	1,374,075	12,859	19,251	274,553	1,680,738	314,705	41,412
016 CENTRAL SERVICES & SUPPLY	1,317,751	115,976	173,623	90,016	1,697,366	317,818	373,481
017 PHARMACY	1,747,066	33,740	50,510	232,564	2,063,880	386,445	108,653
018 MEDICAL RECORDS & LIBRARY	2,295,547	53,596	80,236	176,393	2,605,772	487,910	172,597
022 SOCIAL SERVICE		4,397	6,582		10,979	2,056	14,159
025 I&R SERVICES-SALARY & FRI							
026 INPAT ROUTINE SRVC CNTRS							
031 ADULTS & PEDIATRICS	11,787,131	772,480	1,156,448	1,616,233	15,332,292	2,870,853	2,487,640
031 INTENSIVE CARE UNIT	3,917,287	123,495	184,879	532,381	4,758,042	890,905	397,694
033 SUBPROVIDER 2							
033 NURSERY	1,308,272	25,247	37,796	171,985	1,543,300	288,971	81,304
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	4,545,481	310,665	465,083	422,084	5,743,313	1,075,389	1,000,442
039 RECOVERY ROOM	1,862,208	33,147	49,624	270,191	2,215,170	414,773	106,746
040 DELIVERY ROOM & LABOR ROO	1,841,736	85,770	128,402	236,899	2,292,807	429,310	276,207
041 ANESTHESIOLOGY	318,970	10,711	16,035	8,820	354,536	66,384	34,494
041 RADIOLOGY-DIAGNOSTIC	7,311,119	473,089	708,242	619,475	9,111,925	1,706,135	1,523,502
041 01 ULTRASOUND							
041 02 CT SCAN							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY	5,796,673	114,199	170,963	408,386	6,490,221	1,215,242	367,759
049 RESPIRATORY THERAPY	1,351,854	43,598	65,268	156,920	1,617,640	302,890	140,399
049 01 GATRO INTESTINAL SVCS							
050 PHYSICAL THERAPY	2,375,260	220,116	329,527	330,131	3,255,034	609,479	708,847
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	2,108,761	67,429	100,946	247,307	2,524,443	472,682	217,144
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	9,876,947				9,876,947	1,849,379	
056 DRUGS CHARGED TO PATIENTS	4,809,237				4,809,237	900,491	
057 RENAL DIALYSIS	493,122				493,122	92,333	
059 CARDIAC REHAB							
059 01 GUIDANCE	199,131			28,826	227,957	42,683	
059 02 WOUND CARE							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY	4,466,087	196,044	293,489	563,549	5,519,169	1,033,420	631,325
063 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES	878,280	12,438	18,620	88,544	997,882	186,845	40,054
093 HOME HEALTH AGENCY							
093 SPEC PURPOSE COST CENTERS							
095 HOSPICE							
095 SUBTOTALS	117,503,392	5,194,032	7,775,771	7,488,961	117,430,197	18,474,801	9,647,781
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 CHIROPRACTIC WORKS LESSEE							
100 CLINIC CORPORATION	14,701			2,318	17,019		
100 01 SENIOR CIRCLE	41,510	2,038	3,051	1,667	48,266	9,037	6,563
100 02 MARKETING	1,440,088	5,772	8,641	31,991	1,486,492	278,334	18,588
100 03 VISTA MEDICAL CENTER WEST	112,348			17,717	130,065		
100 04 OTHER NONREIMBURSABLE COS							
100 05 OTHER NONREIMBURSABLE COS							
100 06 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	119,112,039	5,201,842	7,787,463	7,542,654	119,112,039	18,762,172	9,672,932

COST ALLOCATION - GENERAL SERVICE COSTS

I
I
IPROVIDER NO:
14-0084I PERIOD:
I FROM 12/ 1/2009
I TO 11/30/2010I PREPARED 4/28/2011
I WORKSHEET B
I PART I

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE		HOUSEKEEPING DIETARY		CAFETERIA		NURSING ADMIN ISTRATION		CENTRAL SERVI CES & SUPPLY		PHARMACY	
	9	10	11	12	14	15	16					
003 GENERAL SERVICE COST CNTR												
004 NEW CAP REL COSTS-BLDG &												
005 NEW CAP REL COSTS-MVBLE E												
006 EMPLOYEE BENEFITS												
008 ADMINISTRATIVE & GENERAL												
009 OPERATION OF PLANT												
010 LAUNDRY & LINEN SERVICE	1,377,792											
011 HOUSEKEEPING		2,203,301										
012 DIETARY		94,741	3,421,693									
012 CAFETERIA		46,779	117,853	471,533								
014 NURSING ADMINISTRATION		12,123		16,088								
015 CENTRAL SERVICES & SUPPLY	45,186	109,334		15,733	2,065,066							
016 PHARMACY		31,807		16,631		2,558,918						
017 MEDICAL RECORDS & LIBRARY		50,527		20,978		21,314					2,628,730	
018 SOCIAL SERVICE		4,145				5,703						
022 I&R SERVICES-SALARY & FRI												
025 INPAT ROUTINE SRVC CNTRS												
026 ADULTS & PEDIATRICS	590,565	728,241	2,556,054	132,904	866,698	101,959						
031 INTENSIVE CARE UNIT	125,806	116,422	378,489	36,105	285,487	42,581						
031 SUBPROVIDER												
031 01 SUBPROVIDER 2												
033 NURSERY	13,536	23,801		12,221	92,226	14,560						
037 ANCILLARY SRVC COST CNTRS												
038 OPERATING ROOM	120,300	255,217		25,632	226,341	170,691						
038 RECOVERY ROOM	46,726	31,249		16,954	144,889	4,023						
039 DELIVERY ROOM & LABOR ROO	62,435	80,858		16,836	127,036	38,709						
040 ANESTHESIOLOGY		8,527		1,575	4,730	39,336						
041 RADIOLOGY-DIAGNOSTIC	106,140	182,858		33,490		90,343						
041 01 ULTRASOUND												
041 02 CT SCAN												
041 03 MRI												
043 RADIOISOTOPE												
044 LABORATORY		102,075		39,207		223,844						
049 RESPIRATORY THERAPY	3,820	41,101		12,576		34,596						
049 01 GATRO INTESTINAL SVCS												
050 PHYSICAL THERAPY	4,224	16,022		6,016		4,905						
051 OCCUPATIONAL THERAPY												
052 SPEECH PATHOLOGY												
053 ELECTROCARDIOLOGY	41,892	63,568		16,828		23,851						
054 ELECTROENCEPHALOGRAPHY												
055 MEDICAL SUPPLIES CHARGED						1,642,170						
056 DRUGS CHARGED TO PATIENTS											2,628,730	
057 RENAL DIALYSIS												
059 CARDIAC REHAB												
059 01 GUIDANCE			58,702	2,898	15,458	50						
059 02 WOUND CARE												
061 OUTPAT SERVICE COST CNTRS												
062 EMERGENCY	217,162	184,817	144,793	39,144	302,201	82,174						
063 OBSERVATION BEDS (NON-DIS												
063 OTHER OUTPATIENT SERVICE												
065 OTHER REIMBURS COST CNTRS												
071 AMBULANCE SERVICES		11,726		7,056		12,170						
093 HOME HEALTH AGENCY												
095 SPEC PURPOSE COST CENTERS												
095 HOSPICE												
095 SUBTOTALS	1,377,792	2,195,938	3,255,891	468,872	2,065,066	2,552,979	2,628,730					
096 NONREIMBURS COST CENTERS												
098 GIFT, FLOWER, COFFEE SHOP												
098 PHYSICIANS' PRIVATE OFFIC			165,802									
098 01 CHIROPRACTIC WORKS LESSEE												
100 CLINIC CORPORATION												
100 01 SENIOR CIRCLE		1,921		228		358						
100 02 MARKETING		5,442		2,433		5,581						
100 03 VISTA MEDICAL CENTER WEST												
100 04 OTHER NONREIMBURSABLE COS												
100 05 OTHER NONREIMBURSABLE COS												
100 06 OTHER NONREIMBURSABLE COS												
101 CROSS FOOT ADJUSTMENT												
102 NEGATIVE COST CENTER												
103 TOTAL	1,377,792	2,203,301	3,421,693	471,533	2,065,066	2,558,918	2,628,730					

	COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	I&R SERVICES- SALARY & FRI	SUBTOTAL	I&R COST POST STEP- DOWN ADJ 26	TOTAL
		17	18	22	25	26	27
003	GENERAL SERVICE COST CNTR						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
008	ADMINISTRATIVE & GENERAL						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
014	CAFETERIA						
015	NURSING ADMINISTRATION						
016	CENTRAL SERVICES & SUPPLY						
017	PHARMACY						
018	MEDICAL RECORDS & LIBRARY	3,343,487					
022	SOCIAL SERVICE		31,339				
025	I&R SERVICES-SALARY & FRI						
026	INPAT ROUTINE SRVC CNTRS						
031	ADULTS & PEDIATRICS	279,165	25,173		25,971,544		25,971,544
033	INTENSIVE CARE UNIT	70,419	2,439		7,104,389		7,104,389
037	SUBPROVIDER						
038	01 SUBPROVIDER 2						
039	NURSERY	17,685	3,727		2,091,331		2,091,331
041	ANCILLARY SRVC COST CNTRS						
041	OPERATING ROOM	727,732			9,345,057		9,345,057
041	RECOVERY ROOM	87,838			3,068,368		3,068,368
043	DELIVERY ROOM & LABOR ROO	24,360			3,348,558		3,348,558
044	ANESTHESIOLOGY	20,241			529,823		529,823
049	RADIOLOGY-DIAGNOSTIC	543,426			13,297,819		13,297,819
051	01 ULTRASOUND						
052	02 CT SCAN						
053	03 MRI						
054	RADIOISOTOPE						
055	LABORATORY	336,166			8,774,514		8,774,514
056	RESPIRATORY THERAPY	42,253			2,195,275		2,195,275
059	01 GATRO INTESTINAL SVCS						
061	PHYSICAL THERAPY	57,522			4,662,049		4,662,049
062	OCCUPATIONAL THERAPY						
063	SPEECH PATHOLOGY						
065	ELECTROCARDIOLOGY	182,533			3,542,941		3,542,941
066	ELECTROENCEPHALOGRAPHY						
067	MEDICAL SUPPLIES CHARGED	266,343			13,634,839		13,634,839
068	DRUGS CHARGED TO PATIENTS	413,218			8,751,676		8,751,676
069	RENAL DIALYSIS	11,226			596,681		596,681
071	CARDIAC REHAB						
073	01 GUIDANCE	937			348,685		348,685
074	02 WOUND CARE						
075	OUTPAT SERVICE COST CNTRS						
076	EMERGENCY	262,423			8,416,628		8,416,628
077	OBSERVATION BEDS (NON-DIS						
078	OTHER OUTPATIENT SERVICE						
079	OTHER REIMBURS COST CNTRS						
081	AMBULANCE SERVICES				1,255,733		1,255,733
083	HOME HEALTH AGENCY						
085	SPEC PURPOSE COST CENTERS						
087	HOSPICE						
089	SUBTOTALS	3,343,487	31,339		116,935,910		116,935,910
091	NONREIMBURS COST CENTERS						
092	GIFT, FLOWER, COFFEE SHOP						
093	PHYSICIANS' PRIVATE OFFIC				165,802		165,802
094	01 CHIROPRACTIC WORKS LESSEE						
095	CLINIC CORPORATION				17,019		17,019
096	01 SENIOR CIRCLE				66,373		66,373
097	02 MARKETING				1,796,870		1,796,870
098	03 VISTA MEDICAL CENTER WEST				130,065		130,065
099	04 OTHER NONREIMBURSABLE COS						
100	05 OTHER NONREIMBURSABLE COS						
101	06 OTHER NONREIMBURSABLE COS						
102	CROSS FOOT ADJUSTMENT						
103	NEGATIVE COST CENTER						
104	TOTAL	3,343,487	31,339		119,112,039		119,112,039

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS 0	NEW CAP REL C OST-S-BLDG & 3	NEW CAP REL C OST-S-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	ADMINISTRATIV E & GENERAL 6	OPERATION OF PLANT 8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS		75,189	112,563	187,752	187,752		
006 ADMINISTRATIVE & GENERAL		624,080	934,284	1,558,364	21,586	1,579,950	
008 OPERATION OF PLANT		1,498,864	2,243,890	3,742,754	3,644	128,468	3,874,866
009 LAUNDRY & LINEN SERVICE		88,902	133,091	221,993		14,496	114,686
010 HOUSEKEEPING		47,884	71,685	119,569		27,214	61,772
011 DIETARY		100,496	150,449	250,945		39,888	129,643
012 CAFETERIA		49,621	74,285	123,906		1,954	64,012
014 NURSING ADMINISTRATION		12,859	19,251	32,110	6,833	26,502	16,589
015 CENTRAL SERVICES & SUPPLY		115,976	173,623	289,599	2,240	26,764	149,612
016 PHARMACY		33,740	50,510	84,250	5,788	32,543	43,525
017 MEDICAL RECORDS & LIBRARY		53,596	80,236	133,832	4,390	41,088	69,140
018 SOCIAL SERVICE		4,397	6,582	10,979		173	5,672
022 I&R SERVICES-SALARY & FRI							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		772,480	1,156,448	1,928,928	40,251	241,712	996,520
031 INTENSIVE CARE UNIT		123,495	184,879	308,374	13,250	75,025	159,312
031 SUBPROVIDER 2							
033 NURSERY		25,247	37,796	63,043	4,281	24,335	32,569
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM		310,665	465,083	775,748	10,505	90,561	400,766
039 RECOVERY ROOM		33,147	49,624	82,771	6,725	34,929	42,761
040 DELIVERY ROOM & LABOR ROO		85,770	128,402	214,172	5,896	36,153	110,645
041 ANESTHESIOLOGY		10,711	16,035	26,746	220	5,590	13,818
041 RADIOLOGY-DIAGNOSTIC		473,089	708,242	1,181,331	15,418	143,677	610,298
041 01 ULTRASOUND							
041 02 CT SCAN							
041 03 MRI							
043 RADIOISOTOPE							
044 LABORATORY		114,199	170,963	285,162	10,164	102,338	147,320
049 RESPIRATORY THERAPY		43,598	65,268	108,866	3,906	25,507	56,242
049 01 GATRO INTESTINAL SVCS							
050 PHYSICAL THERAPY		220,116	329,527	549,643	8,217	51,325	283,956
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		67,429	100,946	168,375	6,155	39,805	86,986
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED						155,740	
056 DRUGS CHARGED TO PATIENTS						75,832	
057 RENAL DIALYSIS						7,776	
059 CARDIAC REHAB							
059 01 GUIDANCE					717	3,594	
059 02 WOUND CARE							
061 OUTPAT SERVICE COST CNTRS							
062 EMERGENCY		196,044	293,489	489,533	14,026	87,026	252,902
063 OBSERVATION BEDS (NON-DIS							
OTHER OUTPATIENT SERVICE							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		12,438	18,620	31,058	2,204	15,735	16,045
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
093 HOSPICE							
095 SUBTOTALS		5,194,032	7,775,771	12,969,803	186,416	1,555,750	3,864,791
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 CHIROPRACTIC WORKS LESSEE							
100 CLINIC CORPORATION					58		
100 01 SENIOR CIRCLE		2,038	3,051	5,089	41	761	2,629
100 02 MARKETING		5,772	8,641	14,413	796	23,439	7,446
100 03 VISTA MEDICAL CENTER WEST					441		
100 04 OTHER NONREIMBURSABLE COS							
100 05 OTHER NONREIMBURSABLE COS							
100 06 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		5,201,842	7,787,463	12,989,305	187,752	1,579,950	3,874,866

	COST CENTER DESCRIPTION	LAUNDRY & LIN HOUSEKEEPING		DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
		9	10					
003	GENERAL SERVICE COST CNTR			11	12	14	15	16
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
008	ADMINISTRATIVE & GENERAL							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVICE	351,175						
011	HOUSEKEEPING		208,555					
012	DIETARY		8,968	429,444				
014	CAFETERIA		4,428	14,791	209,091			
015	NURSING ADMINISTRATION		1,148		7,134	90,316		
016	CENTRAL SERVICES & SUPPLY	11,517	10,349		6,977		497,058	
017	PHARMACY		3,011		7,375		4,140	180,632
018	MEDICAL RECORDS & LIBRARY		4,783		9,302		1,108	
022	SOCIAL SERVICE		392					
025	I&R SERVICES-SALARY & FRI							
026	INPAT ROUTINE SRVC CNTRS							
031	ADULTS & PEDIATRICS	150,523	68,930	320,802	58,932	37,898	19,805	
033	INTENSIVE CARE UNIT	32,066	11,020	47,503	16,010	12,487	8,271	
037	SUBPROVIDER							
038	01 SUBPROVIDER 2							
039	NURSERY	3,450	2,253		5,419	4,034	2,828	
040	ANCILLARY SRVC COST CNTRS							
041	OPERATING ROOM	30,662	24,158		11,366	9,900	33,156	
042	RECOVERY ROOM	11,910	2,958		7,518	6,338	781	
043	DELIVERY ROOM & LABOR ROO	15,914	7,654		7,465	5,557	7,519	
044	ANESTHESIOLOGY		807		698	207	7,641	
045	RADIOLOGY-DIAGNOSTIC	27,053	17,309		14,851		17,549	
046	01 ULTRASOUND							
047	02 CT SCAN							
048	03 MRI							
049	RADIOISOTOPE							
050	LABORATORY		9,662		17,386		43,481	
051	RESPIRATORY THERAPY	974	3,890		5,576		6,720	
052	01 GATRO INTESTINAL SVCS							
053	PHYSICAL THERAPY	1,077	1,517		2,668		953	
054	OCCUPATIONAL THERAPY							
055	SPEECH PATHOLOGY							
056	ELECTROCARDIOLOGY	10,678	6,017		7,462		4,633	
057	ELECTROENCEPHALOGRAPHY							
058	MEDICAL SUPPLIES CHARGED						318,983	
059	DRUGS CHARGED TO PATIENTS							180,632
060	RENAL DIALYSIS							
061	CARDIAC REHAB							
062	01 GUIDANCE			7,367	1,285	676	10	
063	02 WOUND CARE							
064	OUTPAT SERVICE COST CNTRS							
065	EMERGENCY	55,351	17,494	18,172	17,358	13,219	15,962	
066	OBSERVATION BEDS (NON-DIS							
067	OTHER OUTPATIENT SERVICE							
068	OTHER REIMBURS COST CNTRS							
069	AMBULANCE SERVICES		1,110		3,129		2,364	
070	HOME HEALTH AGENCY							
071	SPEC PURPOSE COST CENTERS							
072	HOSPICE							
073	SUBTOTALS	351,175	207,858	408,635	207,911	90,316	495,904	180,632
074	NONREIMBURS COST CENTERS							
075	GIFT, FLOWER, COFFEE SHOP							
076	PHYSICIANS' PRIVATE OFFIC			20,809				
077	01 CHIROPRACTIC WORKS LESSEE							
078	CLINIC CORPORATION							
079	01 SENIOR CIRCLE		182		101		70	
080	02 MARKETING		515		1,079		1,084	
081	03 VISTA MEDICAL CENTER WEST							
082	04 OTHER NONREIMBURSABLE COS							
083	05 OTHER NONREIMBURSABLE COS							
084	06 OTHER NONREIMBURSABLE COS							
085	CROSS FOOT ADJUSTMENTS							
086	NEGATIVE COST CENTER							
087	TOTAL	351,175	208,555	429,444	209,091	90,316	497,058	180,632

	COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	I&R SERVICES- SALARY & FRI	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		17	18	22	25	26	27
003	GENERAL SERVICE COST CNTR						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
008	ADMINISTRATIVE & GENERAL						
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVICE						
011	HOUSEKEEPING						
012	DIETARY						
014	CAFETERIA						
015	NURSING ADMINISTRATION						
016	CENTRAL SERVICES & SUPPLY						
017	PHARMACY						
018	MEDICAL RECORDS & LIBRARY	263,643					
022	SOCIAL SERVICE		17,216				
025	I&R SERVICES-SALARY & FRI						
026	INPAT ROUTINE SRVC CNTRS						
031	ADULTS & PEDIATRICS	22,034	13,828		3,900,163		3,900,163
031	INTENSIVE CARE UNIT	5,558	1,340		690,216		690,216
033	SUBPROVIDER						
033	01 SUBPROVIDER 2						
037	NURSERY	1,396	2,048		145,656		145,656
038	ANCILLARY SRVC COST CNTRS						
039	OPERATING ROOM	57,184			1,444,006		1,444,006
040	RECOVERY ROOM	6,933			203,624		203,624
041	DELIVERY ROOM & LABOR ROO	1,923			412,898		412,898
041	ANESTHESIOLOGY	1,598			57,325		57,325
041	RADIOLOGY-DIAGNOSTIC	42,892			2,070,378		2,070,378
041	01 ULTRASOUND						
041	02 CT SCAN						
041	03 MRI						
043	RADIOISOTOPE						
044	LABORATORY	26,533			642,046		642,046
049	RESPIRATORY THERAPY	3,335			215,016		215,016
050	01 GATRO INTESTINAL SVCS						
051	PHYSICAL THERAPY	4,540			903,896		903,896
052	OCCUPATIONAL THERAPY						
053	SPEECH PATHOLOGY						
054	ELECTROCARDIOLOGY	14,407			344,518		344,518
055	ELECTROENCEPHALOGRAPHY						
056	MEDICAL SUPPLIES CHARGED	21,022			495,745		495,745
057	DRUGS CHARGED TO PATIENTS	32,615			289,079		289,079
059	RENAL DIALYSIS	886			8,662		8,662
059	CARDIAC REHAB						
059	01 GUIDANCE	74			13,723		13,723
059	02 WOUND CARE						
061	OUTPAT SERVICE COST CNTRS						
062	EMERGENCY	20,713			1,001,756		1,001,756
063	OBSERVATION BEDS (NON-DIS						
065	OTHER OUTPATIENT SERVICE						
071	OTHER REIMBURS COST CNTRS						
093	AMBULANCE SERVICES				71,645		71,645
095	HOME HEALTH AGENCY						
096	SPEC PURPOSE COST CENTERS						
098	HOSPICE						
099	SUBTOTALS	263,643	17,216		12,910,352		12,910,352
100	NONREIMBURS COST CENTERS						
100	GIFT, FLOWER, COFFEE SHOP						
100	PHYSICIANS' PRIVATE OFFIC				20,809		20,809
100	01 CHIROPRACTIC WORKS LESSEE						
100	CLINIC CORPORATION				58		58
100	01 SENIOR CIRCLE				8,873		8,873
100	02 MARKETING				48,772		48,772
100	03 VISTA MEDICAL CENTER WEST				441		441
100	04 OTHER NONREIMBURSABLE COS						
100	05 OTHER NONREIMBURSABLE COS						
100	06 OTHER NONREIMBURSABLE COS						
101	CROSS FOOT ADJUSTMENTS						
102	NEGATIVE COST CENTER						
103	TOTAL	263,643	17,216		12,989,305		12,989,305

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
		(SQUARE FEET	(SQUARE FEET	(GROSS SALARIES	RECONCILI- ATION	(ACCUM. COST	(SQUARE FEET
		3	4	5	6a.00	6	8
003	GENERAL SERVICE COST						
004	NEW CAP REL COSTS-BLD	518,184					
005	NEW CAP REL COSTS-MVB		518,184				
006	EMPLOYEE BENEFITS	7,490	7,490	47,829,157			
008	ADMINISTRATIVE & GENE	62,168	62,168	5,499,697	-18,762,172	100,202,783	
009	OPERATION OF PLANT	149,310	149,310	928,358		8,147,397	299,216
010	LAUNDRY & LINEN SERVI	8,856	8,856			919,357	8,856
011	HOUSEKEEPING	4,770	4,770			1,725,931	4,770
012	DIETARY	10,011	10,011			2,529,662	10,011
014	CAFETERIA	4,943	4,943			123,906	4,943
015	NURSING ADMINISTRATIO	1,281	1,281	1,740,985		1,680,738	1,281
016	CENTRAL SERVICES & SU	11,553	11,553	570,805		1,697,366	11,553
017	PHARMACY	3,361	3,361	1,474,721		2,063,880	3,361
018	MEDICAL RECORDS & LIB	5,339	5,339	1,118,537		2,605,772	5,339
022	SOCIAL SERVICE	438	438			10,979	438
025	I&R SERVICES-SALARY &						
026	INPAT ROUTINE SRVC CN	76,951	76,951	10,248,804		15,332,292	76,951
031	ADULTS & PEDIATRICS	12,302	12,302	3,375,910		4,758,042	12,302
031	INTENSIVE CARE UNIT						
033	SUBPROVIDER						
033	01 SUBPROVIDER 2						
037	NURSERY	2,515	2,515	1,090,583		1,543,300	2,515
038	ANCILLARY SRVC COST C						
039	OPERATING ROOM	30,947	30,947	2,676,499		5,743,313	30,947
040	RECOVERY ROOM	3,302	3,302	1,713,324		2,215,170	3,302
041	DELIVERY ROOM & LABOR	8,544	8,544	1,502,216		2,292,807	8,544
041	ANESTHESIOLOGY	1,067	1,067	55,927		354,536	1,067
041	RADIOLOGY-DIAGNOSTIC	47,127	47,127	3,928,189		9,111,925	47,127
041	01 ULTRASOUND						
041	02 CT SCAN						
041	03 MRI						
043	RADIOISOTOPE						
044	LABORATORY	11,376	11,376	2,589,639		6,490,221	11,376
049	RESPIRATORY THERAPY	4,343	4,343	995,052		1,617,640	4,343
049	01 GATRO INTESTINAL SVCS						
050	PHYSICAL THERAPY	21,927	21,927	2,093,412		3,255,034	21,927
051	OCCUPATIONAL THERAPY						
052	SPEECH PATHOLOGY						
053	ELECTROCARDIOLOGY	6,717	6,717	1,568,209		2,524,443	6,717
054	ELECTROENCEPHALOGRAPH						
055	MEDICAL SUPPLIES CHAR					9,876,947	
056	DRUGS CHARGED TO PATI					4,809,237	
057	RENAL DIALYSIS					493,122	
059	CARDIAC REHAB						
059	01 GUIDANCE			182,791		227,957	
059	02 WOUND CARE						
061	OUTPAT SERVICE COST C						
062	EMERGENCY	19,529	19,529	3,573,549		5,519,169	19,529
063	OBSERVATION BEDS (NON						
065	OTHER OUTPATIENT SERV						
071	OTHER REIMBURS COST C						
093	AMBULANCE SERVICES	1,239	1,239	561,472		997,882	1,239
095	HOME HEALTH AGENCY						
095	SPEC PURPOSE COST CEN						
096	HOSPICE						
098	SUBTOTALS	517,406	517,406	47,488,679	-18,762,172	98,668,025	298,438
098	NONREIMBURS COST CENT						
100	GIFT, FLOWER, COFFEE						
100	PHYSICIANS' PRIVATE O						
100	01 CHIROPRACTIC WORKS LE						
100	CLINIC CORPORATION			14,701	-17,019		
100	02 SENIOR CIRCLE	203	203	10,571		48,266	203
100	03 MARKETING	575	575	202,858		1,486,492	575
100	04 VISTA MEDICAL CENTER			112,348	-130,065		
100	05 OTHER NONREIMBURSABLE						
100	06 OTHER NONREIMBURSABLE						
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED	5,201,842	7,787,463	7,542,654		18,762,172	9,672,932
104	(WRKSHT B, PART I)						
105	UNIT COST MULTIPLIER	10.038600		.157700		.187242	
106	(WRKSHT B, PT I)		15.028374				32.327589
107	COST TO BE ALLOCATED						
108	(WRKSHT B, PART II)						
109	UNIT COST MULTIPLIER			187,752		1,579,950	3,874,866
110	(WRKSHT B, PT II)						
111	COST TO BE ALLOCATED						
112	(WRKSHT B, PART III)						
113	UNIT COST MULTIPLIER			.003925		.015768	
114	(WRKSHT B, PT III)						12.950063

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:

I 14-0084

I

I PERIOD:

I FROM 12/ 1/2009

I TO 11/30/2010

I PREPARED 4/28/2011

I WORKSHEET B-1

I

COST CENTER DESCRIPTION		LAUNDRY & LIN EN SERVICE	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMIN ISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVI CES & SUPPLY (TOTAL) SUPPLIES	PHARMACY (COSTED) REQUIS	
		9	10	11	12	14	15	16	
003	GENERAL SERVICE COST								
004	NEW CAP REL COSTS-BLD								
005	NEW CAP REL COSTS-MVB								
006	EMPLOYEE BENEFITS								
008	ADMINISTRATIVE & GENE								
009	OPERATION OF PLANT								
010	LAUNDRY & LINEN SERVI	1,483,749							
011	HOUSEKEEPING		232,816						
012	DIETARY		10,011	144,791					
014	CAFETERIA		4,943	4,987	59,881				
015	NURSING ADMINISTRATIO		1,281		2,043	24,419,603			
016	CENTRAL SERVICES & SU	48,661	11,553		1,998		15,562,785		
017	PHARMACY		3,361		2,112		129,628	4,814,931	
018	MEDICAL RECORDS & LIB		5,339		2,664		34,684		
022	SOCIAL SERVICE		438						
025	I&R SERVICES-SALARY &								
026	INPAT ROUTINE SRVC CN								
031	ADULTS & PEDIATRICS	635,979	76,951	108,161	16,878	10,248,803	620,095		
031	INTENSIVE CARE UNIT	135,481	12,302	16,016	4,585	3,375,910	258,969		
031	SUBPROVIDER								
033	01 SUBPROVIDER 2								
037	NURSERY	14,577	2,515		1,552	1,090,583	88,548		
038	ANCILLARY SRVC COST C								
039	OPERATING ROOM	129,552	26,968		3,255	2,676,499	1,038,111		
040	RECOVERY ROOM	50,319	3,302		2,153	1,713,324	24,468		
041	DELIVERY ROOM & LABOR	67,237	8,544		2,138	1,502,216	235,421		
041	ANESTHESIOLOGY		901		200	55,927	239,233		
041	RADIOLOGY-DIAGNOSTIC	114,303	19,322		4,253		549,449		
041	01 ULTRASOUND								
041	02 CT SCAN								
041	03 MRI								
043	RADIOISOTOPE								
044	LABORATORY		10,786		4,979		1,361,373		
049	RESPIRATORY THERAPY	4,114	4,343		1,597		210,407		
049	01 GATRO INTESTINAL SVCS								
050	PHYSICAL THERAPY	4,549	1,693		764		29,831		
051	OCCUPATIONAL THERAPY								
052	SPEECH PATHOLOGY								
053	ELECTROCARDIOLOGY	45,114	6,717		2,137		145,057		
054	ELECTROENCEPHALOGRAPH								
055	MEDICAL SUPPLIES CHAR						9,987,297		
056	DRUGS CHARGED TO PATI								
057	RENAL DIALYSIS							4,814,931	
059	CARDIAC REHAB								
059	01 GUIDANCE			2,484	368	182,791	306		
059	02 WOUND CARE								
061	OUTPAT SERVICE COST C								
062	EMERGENCY	233,863	19,529	6,127	4,971	3,573,550	499,767		
063	OBSERVATION BEDS (NON								
065	OTHER OUTPATIENT SERV								
071	OTHER REIMBURS COST C		1,239		896		74,018		
093	AMBULANCE SERVICES								
095	HOME HEALTH AGENCY								
096	SPEC PURPOSE COST CEN								
098	HOSPICE								
098	SUBTOTALS	1,483,749	232,038	137,775	59,543	24,419,603	15,526,662	4,814,931	
098	NONREIMBURS COST CENT								
098	GIFT, FLOWER, COFFEE								
098	PHYSICIANS' PRIVATE O			7,016					
100	01 CHIROPRACTIC WORKS LE								
100	CLINIC CORPORATION								
100	01 SENIOR CIRCLE		203		29		2,179		
100	02 MARKETING		575		309		33,944		
100	03 VISTA MEDICAL CENTER								
100	04 OTHER NONREIMBURSABLE								
100	05 OTHER NONREIMBURSABLE								
100	06 OTHER NONREIMBURSABLE								
101	CROSS FOOT ADJUSTMENT								
102	NEGATIVE COST CENTER								
103	COST TO BE ALLOCATED	1,377,792	2,203,301	3,421,693	471,533	2,065,066	2,558,918	2,628,730	
104	(WRKSHT B, PART I)								
105	UNIT COST MULTIPLIER		9.463701		7.874501		.164425		
106	(WRKSHT B, PT I)	.928588		23.631945		.084566		.545954	
107	COST TO BE ALLOCATED								
108	(WRKSHT B, PART II)								
109	UNIT COST MULTIPLIER								
110	(WRKSHT B, PT II)								
111	COST TO BE ALLOCATED	351,175	208,555	429,444	209,091	90,316	497,058	180,632	
112	(WRKSHT B, PART III)								
113	UNIT COST MULTIPLIER		.895793		3.491775		.031939		
114	(WRKSHT B, PT III)	.236681		2.965958		.003699		.037515	

	COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	I&R SERVICES- SALARY & FRI
		(GROSS CHARGES	(PT. DAYS)& OP OBSV	(ASSIGNED) TIME
		17	18	22
	GENERAL SERVICE COST			
003	NEW CAP REL COSTS-BLD			
004	NEW CAP REL COSTS-MVB			
005	EMPLOYEE BENEFITS			
006	ADMINISTRATIVE & GENE			
008	OPERATION OF PLANT			
009	LAUNDRY & LINEN SERVI			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
014	NURSING ADMINISTRATIO			
015	CENTRAL SERVICES & SU			
016	PHARMACY			
017	MEDICAL RECORDS & LIB	799,635,488		
018	SOCIAL SERVICE		48,236	
022	I&R SERVICES-SALARY &			
	INPAT ROUTINE SRVC CN			
025	ADULTS & PEDIATRICS	66,770,030	38,745	
026	INTENSIVE CARE UNIT	16,842,542	3,754	
031	SUBPROVIDER			
031	01 SUBPROVIDER 2			
033	NURSERY	4,229,882	5,737	
	ANCILLARY SRVC COST C			
037	OPERATING ROOM	174,006,362		
038	RECOVERY ROOM	21,008,917		
039	DELIVERY ROOM & LABOR	5,826,417		
040	ANESTHESIOLOGY	4,841,259		
041	RADIOLOGY-DIAGNOSTIC	129,975,075		
041	01 ULTRASOUND			
041	02 CT SCAN			
041	03 MRI			
043	RADIOISOTOPE			
044	LABORATORY	80,403,276		
049	RESPIRATORY THERAPY	10,106,027		
049	01 GATRO INTESTINAL SVCS			
050	PHYSICAL THERAPY	13,757,887		
051	OCCUPATIONAL THERAPY			
052	SPEECH PATHOLOGY			
053	ELECTROCARDIOLOGY	43,657,698		
054	ELECTROENCEPHALOGRAPH			
055	MEDICAL SUPPLIES CHAR	63,703,150		
056	DRUGS CHARGED TO PATI	98,832,344		
057	RENAL DIALYSIS	2,685,077		
059	CARDIAC REHAB			
059	01 GUIDANCE	224,019		
059	02 WOUND CARE			
	OUTPAT SERVICE COST C			
061	EMERGENCY	62,765,526		
062	OBSERVATION BEDS (NON			
063	OTHER OUTPATIENT SERV			
	OTHER REIMBURS COST C			
065	AMBULANCE SERVICES			
071	HOME HEALTH AGENCY			
	SPEC PURPOSE COST CEN			
093	HOSPICE			
095	SUBTOTALS	799,635,488	48,236	
	NONREIMBURS COST CENT			
096	GIFT, FLOWER, COFFEE			
098	PHYSICIANS' PRIVATE O			
098	01 CHIROPRACTIC WORKS LE			
100	CLINIC CORPORATION			
100	01 SENIOR CIRCLE			
100	02 MARKETING			
100	03 VISTA MEDICAL CENTER			
100	04 OTHER NONREIMBURSABLE			
100	05 OTHER NONREIMBURSABLE			
100	06 OTHER NONREIMBURSABLE			
101	CROSS FOOT ADJUSTMENT			
102	NEGATIVE COST CENTER			
103	COST TO BE ALLOCATED	3,343,487	31,339	
	(PER WRKSHT B, PART			
104	UNIT COST MULTIPLIER		.649701	
	(WRKSHT B, PT I)	.004181		
105	COST TO BE ALLOCATED			
	(PER WRKSHT B, PART			
106	UNIT COST MULTIPLIER			
	(WRKSHT B, PT II)			
107	COST TO BE ALLOCATED	263,643	17,216	
	(PER WRKSHT B, PART			
108	UNIT COST MULTIPLIER		.356912	
	(WRKSHT B, PT III)	.000330		

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 4/28/2011
 I 14-0084 I FROM 12/ 1/2009 I WORKSHEET C
 I I TO 11/30/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
26	ADULTS & PEDIATRICS	25,971,544		25,971,544		25,971,544
31	INTENSIVE CARE UNIT	7,104,389		7,104,389		7,104,389
31	SUBPROVIDER					
33	01 SUBPROVIDER 2					
33	NURSERY	2,091,331		2,091,331		2,091,331
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	9,345,057		9,345,057		9,345,057
38	RECOVERY ROOM	3,068,368		3,068,368		3,068,368
39	DELIVERY ROOM & LABOR ROO	3,348,558		3,348,558		3,348,558
40	ANESTHESIOLOGY	529,823		529,823		529,823
41	RADIOLOGY-DIAGNOSTIC	13,297,819		13,297,819		13,297,819
41	01 ULTRASOUND					
41	02 CT SCAN					
41	03 MRI					
43	RADIOISOTOPE					
44	LABORATORY	8,774,514		8,774,514		8,774,514
49	RESPIRATORY THERAPY	2,195,275		2,195,275		2,195,275
49	01 GATRO INTESTINAL SVCS					
50	PHYSICAL THERAPY	4,662,049		4,662,049		4,662,049
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	3,542,941		3,542,941		3,542,941
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	13,634,839		13,634,839		13,634,839
56	DRUGS CHARGED TO PATIENTS	8,751,676		8,751,676		8,751,676
57	RENAL DIALYSIS	596,681		596,681		596,681
59	CARDIAC REHAB					
59	01 GUIDANCE	348,685		348,685		348,685
59	02 WOUND CARE					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	8,416,628		8,416,628		8,416,628
62	OBSERVATION BEDS (NON-DIS	421,382		421,382		421,382
63	OTHER OUTPATIENT SERVICE					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	1,255,733		1,255,733		1,255,733
101	SUBTOTAL	117,357,292		117,357,292		117,357,292
102	LESS OBSERVATION BEDS	421,382		421,382		421,382
103	TOTAL	116,935,910		116,935,910		116,935,910

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	65,736,830		65,736,830			
31	INTENSIVE CARE UNIT	16,842,542		16,842,542			
31	SUBPROVIDER						
33	01 SUBPROVIDER 2						
	NURSERY	4,229,882		4,229,882			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	95,419,545	78,586,817	174,006,362	.053705	.053705	.053705
38	RECOVERY ROOM	8,347,824	12,661,093	21,008,917	.146051	.146051	.146051
39	DELIVERY ROOM & LABOR ROO	5,100,606	725,811	5,826,417	.574720	.574720	.574720
40	ANESTHESIOLOGY	3,110,513	1,730,746	4,841,259	.109439	.109439	.109439
41	RADIOLOGY-DIAGNOSTIC	41,480,508	88,494,567	129,975,075	.102311	.102311	.102311
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	50,120,932	30,282,344	80,403,276	.109131	.109131	.109131
49	RESPIRATORY THERAPY	8,776,110	1,329,917	10,106,027	.217224	.217224	.217224
49	01 GATRO INTESTINAL SVCS						
50	PHYSICAL THERAPY	4,609,292	9,148,595	13,757,887	.338864	.338864	.338864
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	31,043,658	12,614,040	43,657,698	.081153	.081153	.081153
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	51,373,879	12,329,271	63,703,150	.214037	.214037	.214037
56	DRUGS CHARGED TO PATIENTS	73,184,557	25,647,787	98,832,344	.088551	.088551	.088551
57	RENAL DIALYSIS	2,562,343	122,734	2,685,077	.222221	.222221	.222221
59	CARDIAC REHAB						
59	01 GUIDANCE	19,290	204,729	224,019	1.556497	1.556497	1.556497
59	02 WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	23,134,228	39,631,298	62,765,526	.134096	.134096	.134096
62	OBSERVATION BEDS (NON-DIS	116,697	916,503	1,033,200	.407842	.407842	.407842
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	485,209,236	314,426,252	799,635,488			
102	LESS OBSERVATION BEDS						
103	TOTAL	485,209,236	314,426,252	799,635,488			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEETI PROVIDER NO:
I 14-0084
II PERIOD:
I FROM 12/ 1/2009
I TO 11/30/2010I PREPARED 4/28/2011
I WORKSHEET C
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
26	ADULTS & PEDIATRICS	25,971,544		25,971,544		25,971,544
31	INTENSIVE CARE UNIT	7,104,389		7,104,389		7,104,389
31	SUBPROVIDER					
33	01 SUBPROVIDER 2					
33	NURSERY	2,091,331		2,091,331		2,091,331
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	9,345,057		9,345,057		9,345,057
38	RECOVERY ROOM	3,068,368		3,068,368		3,068,368
39	DELIVERY ROOM & LABOR ROO	3,348,558		3,348,558		3,348,558
40	ANESTHESIOLOGY	529,823		529,823		529,823
41	RADIOLOGY-DIAGNOSTIC	13,297,819		13,297,819		13,297,819
41	01 ULTRASOUND					
41	02 CT SCAN					
41	03 MRI					
43	RADIOISOTOPE					
44	LABORATORY	8,774,514		8,774,514		8,774,514
49	RESPIRATORY THERAPY	2,195,275		2,195,275		2,195,275
49	01 GATRO INTESTINAL SVCS					
50	PHYSICAL THERAPY	4,662,049		4,662,049		4,662,049
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	3,542,941		3,542,941		3,542,941
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	13,634,839		13,634,839		13,634,839
56	DRUGS CHARGED TO PATIENTS	8,751,676		8,751,676		8,751,676
57	RENAL DIALYSIS	596,681		596,681		596,681
59	CARDIAC REHAB					
59	01 GUIDANCE	348,685		348,685		348,685
59	02 WOUND CARE					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	8,416,628		8,416,628		8,416,628
62	OBSERVATION BEDS (NON-DIS	421,382		421,382		421,382
63	OTHER OUTPATIENT SERVICE					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	1,255,733		1,255,733		1,255,733
101	SUBTOTAL	117,357,292		117,357,292		117,357,292
102	LESS OBSERVATION BEDS	421,382		421,382		421,382
103	TOTAL	116,935,910		116,935,910		116,935,910

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEETI PROVIDER NO:
I 14-0084
II PERIOD:
I FROM 12/ 1/2009
I TO 11/30/2010I PREPARED 4/28/2011
I WORKSHEET C
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	65,736,830		65,736,830			
31	INTENSIVE CARE UNIT	16,842,542		16,842,542			
31	SUBPROVIDER						
33	01 SUBPROVIDER 2						
	NURSERY	4,229,882		4,229,882			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	95,419,545	78,586,817	174,006,362	.053705	.053705	.053705
38	RECOVERY ROOM	8,347,824	12,661,093	21,008,917	.146051	.146051	.146051
39	DELIVERY ROOM & LABOR ROO	5,100,606	725,811	5,826,417	.574720	.574720	.574720
40	ANESTHESIOLOGY	3,110,513	1,730,746	4,841,259	.109439	.109439	.109439
41	RADIOLOGY-DIAGNOSTIC	41,480,508	88,494,567	129,975,075	.102311	.102311	.102311
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	50,120,932	30,282,344	80,403,276	.109131	.109131	.109131
49	RESPIRATORY THERAPY	8,776,110	1,329,917	10,106,027	.217224	.217224	.217224
49	01 GATRO INTESTINAL SVCS						
50	PHYSICAL THERAPY	4,609,292	9,148,595	13,757,887	.338864	.338864	.338864
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	31,043,658	12,614,040	43,657,698	.081153	.081153	.081153
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	51,373,879	12,329,271	63,703,150	.214037	.214037	.214037
56	DRUGS CHARGED TO PATIENTS	73,184,557	25,647,787	98,832,344	.088551	.088551	.088551
57	RENAL DIALYSIS	2,562,343	122,734	2,685,077	.222221	.222221	.222221
59	CARDIAC REHAB						
59	01 GUIDANCE	19,290	204,729	224,019	1.556497	1.556497	1.556497
59	02 WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	23,134,228	39,631,298	62,765,526	.134096	.134096	.134096
62	OBSERVATION BEDS (NON-DIS	116,697	916,503	1,033,200	.407842	.407842	.407842
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	485,209,236	314,426,252	799,635,488			
102	LESS OBSERVATION BEDS						
103	TOTAL	485,209,236	314,426,252	799,635,488			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	9,345,057	1,444,006	7,901,051			9,345,057
39	RECOVERY ROOM	3,068,368	203,624	2,864,744			3,068,368
40	DELIVERY ROOM & LABOR ROO	3,348,558	412,898	2,935,660			3,348,558
41	ANESTHESIOLOGY	529,823	57,325	472,498			529,823
41	RADIOLOGY-DIAGNOSTIC	13,297,819	2,070,378	11,227,441			13,297,819
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	8,774,514	642,046	8,132,468			8,774,514
49	RESPIRATORY THERAPY	2,195,275	215,016	1,980,259			2,195,275
49	01 GATRO INTESTINAL SVCS						
50	PHYSICAL THERAPY	4,662,049	903,896	3,758,153			4,662,049
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,542,941	344,518	3,198,423			3,542,941
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	13,634,839	495,745	13,139,094			13,634,839
56	DRUGS CHARGED TO PATIENTS	8,751,676	289,079	8,462,597			8,751,676
57	RENAL DIALYSIS	596,681	8,662	588,019			596,681
59	CARDIAC REHAB						
59	01 GUIDANCE	348,685	13,723	334,962			348,685
59	02 WOUND CARE						
61	OUTPAT SERVICE COST CNTRS						
62	EMERGENCY	8,416,628	1,001,756	7,414,872			8,416,628
63	OBSERVATION BEDS (NON-DIS	421,382	63,279	358,103			421,382
63	OTHER OUTPATIENT SERVICE						
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,255,733	71,645	1,184,088			1,255,733
101	SUBTOTAL	82,190,028	8,237,596	73,952,432			82,190,028
102	LESS OBSERVATION BEDS	421,382	63,279	358,103			421,382
103	TOTAL	81,768,646	8,174,317	73,594,329			81,768,646

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	174,006,362	.053705	.053705
39	RECOVERY ROOM	21,008,917	.146051	.146051
40	DELIVERY ROOM & LABOR ROO	5,826,417	.574720	.574720
41	ANESTHESIOLOGY	4,841,259	.109439	.109439
41	RADIOLOGY-DIAGNOSTIC	129,975,075	.102311	.102311
41 01	ULTRASOUND			
41 02	CT SCAN			
41 03	MRI			
43	RADIOISOTOPE			
44	LABORATORY	80,403,276	.109131	.109131
49	RESPIRATORY THERAPY	10,106,027	.217224	.217224
49 01	GATRO INTESTINAL SVCS			
50	PHYSICAL THERAPY	13,757,887	.338864	.338864
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	43,657,698	.081153	.081153
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	63,703,150	.214037	.214037
56	DRUGS CHARGED TO PATIENTS	98,832,344	.088551	.088551
57	RENAL DIALYSIS	2,685,077	.222221	.222221
59	CARDIAC REHAB			
59 01	GUIDANCE	224,019	1.556497	1.556497
59 02	WOUND CARE			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	62,765,526	.134096	.134096
62	OBSERVATION BEDS (NON-DIS	1,033,200	.407842	.407842
63	OTHER OUTPATIENT SERVICE			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	712,826,234		
102	LESS OBSERVATION BEDS	1,033,200		
103	TOTAL	711,793,034		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	9,345,057	1,444,006	7,901,051	144,401	458,261	8,742,395
39	RECOVERY ROOM	3,068,368	203,624	2,864,744	20,362	166,155	2,881,851
40	DELIVERY ROOM & LABOR ROO	3,348,558	412,898	2,935,660	41,290	170,268	3,137,000
41	ANESTHESIOLOGY	529,823	57,325	472,498	5,733	27,405	496,685
41	RADIOLOGY-DIAGNOSTIC	13,297,819	2,070,378	11,227,441	207,038	651,192	12,439,589
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	8,774,514	642,046	8,132,468	64,205	471,683	8,238,626
49	RESPIRATORY THERAPY	2,195,275	215,016	1,980,259	21,502	114,855	2,058,918
49	01 GATRO INTESTINAL SVCS						
50	PHYSICAL THERAPY	4,662,049	903,896	3,758,153	90,390	217,973	4,353,686
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	3,542,941	344,518	3,198,423	34,452	185,509	3,322,980
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	13,634,839	495,745	13,139,094	49,575	762,067	12,823,197
56	DRUGS CHARGED TO PATIENTS	8,751,676	289,079	8,462,597	28,908	490,831	8,231,937
57	RENAL DIALYSIS	596,681	8,662	588,019	866	34,105	561,710
59	CARDIAC REHAB						
59	01 GUIDANCE	348,685	13,723	334,962	1,372	19,428	327,885
59	02 WOUND CARE						
61	OUTPAT SERVICE COST CNTRS						
62	EMERGENCY	8,416,628	1,001,756	7,414,872	100,176	430,063	7,886,389
63	OBSERVATION BEDS (NON-DIS	421,382	63,279	358,103	6,328	20,770	394,284
63	OTHER OUTPATIENT SERVICE						
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,255,733	71,645	1,184,088	7,165	68,677	1,179,891
101	SUBTOTAL	82,190,028	8,237,596	73,952,432	823,763	4,289,242	77,077,023
102	LESS OBSERVATION BEDS	421,382	63,279	358,103	6,328	20,770	394,284
103	TOTAL	81,768,646	8,174,317	73,594,329	817,435	4,268,472	76,682,739

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	174,006,362	.050242	.052875
39	RECOVERY ROOM	21,008,917	.137173	.145082
40	DELIVERY ROOM & LABOR ROO	5,826,417	.538410	.567633
41	ANESTHESIOLOGY	4,841,259	.102594	.108255
41	RADIOLOGY-DIAGNOSTIC	129,975,075	.095707	.100718
41 01	ULTRASOUND			
41 02	CT SCAN			
41 03	MRI			
43	RADIOISOTOPE			
44	LABORATORY	80,403,276	.102466	.108333
49	RESPIRATORY THERAPY	10,106,027	.203732	.215097
49 01	GATRO INTESTINAL SVCS			
50	PHYSICAL THERAPY	13,757,887	.316450	.332294
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	43,657,698	.076114	.080364
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	63,703,150	.201296	.213259
56	DRUGS CHARGED TO PATIENTS	98,832,344	.083292	.088258
57	RENAL DIALYSIS	2,685,077	.209197	.221899
59	CARDIAC REHAB			
59 01	GUIDANCE	224,019	1.463648	1.550373
59 02	WOUND CARE			
61	OUTPAT SERVICE COST CNTRS			
62	EMERGENCY	62,765,526	.125648	.132500
63	OBSERVATION BEDS (NON-DIS	1,033,200	.381614	.401717
65	OTHER OUTPATIENT SERVICE			
101	OTHER REIMBURS COST CNTRS			
102	AMBULANCE SERVICES			
103	SUBTOTAL	712,826,234		
	LESS OBSERVATION BEDS	1,033,200		
	TOTAL	711,793,034		

WKST A LINE NO.	COST CENTER DESCRIPTION	----- CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	----- REDUCED CAP RELATED COST 3	----- CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	----- REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS				3,900,163		3,900,163
31	INTENSIVE CARE UNIT				690,216		690,216
31	SUBPROVIDER						
31 01	SUBPROVIDER 2						
33	NURSERY				145,656		145,656
101	TOTAL				4,736,035		4,736,035

WKST A	COST CENTER DESCRIPTION	TOTAL	INPATIENT	OLD CAPITAL	INPAT PROGRAM	NEW CAPITAL	INPAT PROGRAM
LINE NO.		PATIENT DAYS	PROGRAM DAYS	PER DIEM	OLD CAP CST	PER DIEM	NEW CAP CST
		7	8	9	10	11	12
25	INPAT ROUTINE SRVC CNTRS	39,384	19,168			99.03	1,898,207
26	ADULTS & PEDIATRICS	5,737	3,308			120.31	397,985
31	INTENSIVE CARE UNIT						
31	SUBPROVIDER						
31	01 SUBPROVIDER 2						
33	NURSERY	3,754				38.80	
101	TOTAL	48,875	22,476				2,296,192

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		1,444,006	174,006,362	41,419,583		
39	RECOVERY ROOM		203,624	21,008,917	2,594,591		
40	DELIVERY ROOM & LABOR ROO		412,898	5,826,417	10,437		
41	ANESTHESIOLOGY		57,325	4,841,259	725,315		
41	RADIOLOGY-DIAGNOSTIC		2,070,378	129,975,075	21,987,610		
41 01	ULTRASOUND						
41 02	CT SCAN						
41 03	MRI						
43	RADIOISOTOPE						
44	LABORATORY		642,046	80,403,276	25,940,814		
49	RESPIRATORY THERAPY		215,016	10,106,027	5,464,626		
49 01	GATRO INTESTINAL SVCS						
50	PHYSICAL THERAPY		903,896	13,757,887	2,740,443		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		344,518	43,657,698	16,547,992		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		495,745	63,703,150	24,777,844		
56	DRUGS CHARGED TO PATIENTS		289,079	98,832,344	37,516,275		
57	RENAL DIALYSIS		8,662	2,685,077	1,878,371		
59	CARDIAC REHAB						
59 01	GUIDANCE		13,723	224,019	9,636		
59 02	WOUND CARE						
61	OUTPAT SERVICE COST CNTRS						
62	EMERGENCY		1,001,756	62,765,526	11,305,730		
63	OBSERVATION BEDS (NON-DIS		63,279	1,033,200	52,202		
65	OTHER OUTPATIENT SERVICE						
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		8,165,951	712,826,234	192,971,469		

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.008299	343,741
38	RECOVERY ROOM	.009692	25,147
39	DELIVERY ROOM & LABOR ROO	.070867	740
40	ANESTHESIOLOGY	.011841	8,588
41	RADIOLOGY-DIAGNOSTIC	.015929	350,241
41 01	ULTRASOUND		
41 02	CT SCAN		
41 03	MRI		
43	RADIOISOTOPE		
44	LABORATORY	.007985	207,137
49	RESPIRATORY THERAPY	.021276	116,265
49 01	GATRO INTESTINAL SVCS		
50	PHYSICAL THERAPY	.065700	180,047
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.007891	130,580
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.007782	192,621
56	DRUGS CHARGED TO PATIENTS	.002925	109,735
57	RENAL DIALYSIS	.003226	6,060
59	CARDIAC REHAB		
59 01	GUIDANCE	.061258	590
59 02	WOUND CARE		
	OUTPAT SERVICE COST CNTRS		
61	EMERGENCY	.015960	180,439
62	OBSERVATION BEDS (NON-DIS	.061246	3,197
63	OTHER OUTPATIENT SERVICE		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		1,855,328

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WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS					39,384	
31	INTENSIVE CARE UNIT					5,737	
31	SUBPROVIDER						
31 01	SUBPROVIDER 2						
33	NURSERY					3,754	
101	TOTAL					48,875	

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

I PROVIDER NO: I PERIOD: I PREPARED 4/28/2011
I 14-0084 I FROM 12/ 1/2009 I WORKSHEET D
I I TO 11/30/2010 I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	19,168	
26	INTENSIVE CARE UNIT	3,308	
31	SUBPROVIDER		
31 01	SUBPROVIDER 2		
33	NURSERY		
101	TOTAL	22,476	

TITLE XVIII, PART A		HOSPITAL		PPS					
WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN		MED ED NRS	MED ED ALLIED	MED ED ALL	BLOOD CLOT FOR		
LINE NO.		ANESTHETIST		SCHOOL COST	HEALTH COST	OTHER COSTS	HEMOPHILIACS		
		1	1.01	2	2.01	2.02	2.03		
	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM								
38	RECOVERY ROOM								
39	DELIVERY ROOM & LABOR ROO								
40	ANESTHESIOLOGY								
41	RADIOLOGY-DIAGNOSTIC								
41 01	ULTRASOUND								
41 02	CT SCAN								
41 03	MRI								
43	RADIOISOTOPE								
44	LABORATORY								
49	RESPIRATORY THERAPY								
49 01	GATRO INTESTINAL SVCS								
50	PHYSICAL THERAPY								
51	OCCUPATIONAL THERAPY								
52	SPEECH PATHOLOGY								
53	ELECTROCARDIOLOGY								
54	ELECTROENCEPHALOGRAPHY								
55	MEDICAL SUPPLIES CHARGED								
56	DRUGS CHARGED TO PATIENTS								
57	RENAL DIALYSIS								
59	CARDIAC REHAB								
59 01	GUIDANCE								
59 02	WOUND CARE								
	OUTPAT SERVICE COST CNTRS								
61	EMERGENCY								
62	OBSERVATION BEDS (NON-DIS								
63	OTHER OUTPATIENT SERVICE								
	OTHER REIMBURS COST CNTRS								
65	AMBULANCE SERVICES								
101	TOTAL								

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			174,006,362			41,419,583	
39	RECOVERY ROOM			21,008,917			2,594,591	
40	DELIVERY ROOM & LABOR ROO			5,826,417			10,437	
41	ANESTHESIOLOGY			4,841,259			725,315	
41	RADIOLOGY-DIAGNOSTIC			129,975,075			21,987,610	
41 01	ULTRASOUND							
41 02	CT SCAN							
41 03	MRI							
43	RADIOISOTOPE							
44	LABORATORY			80,403,276			25,940,814	
49	RESPIRATORY THERAPY			10,106,027			5,464,626	
49 01	GATRO INTESTINAL SVCS							
50	PHYSICAL THERAPY			13,757,887			2,740,443	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			43,657,698			16,547,992	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			63,703,150			24,777,844	
56	DRUGS CHARGED TO PATIENTS			98,832,344			37,516,275	
57	RENAL DIALYSIS			2,685,077			1,878,371	
59	CARDIAC REHAB							
59 01	GUIDANCE			224,019			9,636	
59 02	WOUND CARE							
61	OUTPAT SERVICE COST CNTRS							
62	EMERGENCY			62,765,526			11,305,730	
63	OBSERVATION BEDS (NON-DIS			1,033,200			52,202	
63	OTHER OUTPATIENT SERVICE							
65	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			712,826,234			192,971,469	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
LINE NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	24,197,979					
39	RECOVERY ROOM	3,584,500					
40	DELIVERY ROOM & LABOR ROO	2,304					
41	ANESTHESIOLOGY	447,820					
41	RADIOLOGY-DIAGNOSTIC	21,915,270					
41	01 ULTRASOUND						
41	02 CT SCAN						
41	03 MRI						
43	RADIOISOTOPE						
44	LABORATORY	1,608,904					
49	RESPIRATORY THERAPY	597,992					
49	01 GATRO INTESTINAL SVCS						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	4,433,398					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	4,537,394					
56	DRUGS CHARGED TO PATIENTS	10,243,445					
57	RENAL DIALYSIS	28,799					
59	CARDIAC REHAB						
59	01 GUIDANCE	21,881					
59	02 WOUND CARE						
	OUTPAT SERVICE COST CNTRS						
61	EMERGENCY	5,347,987					
62	OBSERVATION BEDS (NON-DIS	141,944					
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	77,109,617					

Cost Center Description		Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
		1	1.02	2	3	4
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.053705	.053705			
38	RECOVERY ROOM	.146051	.146051			
39	DELIVERY ROOM & LABOR ROOM	.574720	.574720			
40	ANESTHESIOLOGY	.109439	.109439			
41	RADIOLOGY-DIAGNOSTIC	.102311	.102311			
41 01	ULTRASOUND					
41 02	CT SCAN					
41 03	MRI					
43	RADIOISOTOPE					
44	LABORATORY	.109131	.109131			
49	RESPIRATORY THERAPY	.217224	.217224			
49 01	GATRO INTESTINAL SVCS					
50	PHYSICAL THERAPY	.338864	.338864			
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	.081153	.081153			
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.214037	.214037			
56	DRUGS CHARGED TO PATIENTS	.088551	.088551			
57	RENAL DIALYSIS	.222221	.222221			
59	CARDIAC REHAB					
59 01	GUIDANCE	1.556497	1.556497			
59 02	WOUND CARE					
61	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY	.134096	.134096			
62	OBSERVATION BEDS (NON-DISTINCT PART)	.407842	.407842			
63	OTHER OUTPATIENT SERVICE COST CENTER					
65	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL					
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
103	PROGRAM ONLY CHARGES					
104	NET CHARGES					

		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description		5	5.01	5.02	5.03	6
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		24,197,979			
38	RECOVERY ROOM		3,584,500			
39	DELIVERY ROOM & LABOR ROOM		2,304			
40	ANESTHESIOLOGY		447,820			
41	RADIOLOGY-DIAGNOSTIC		21,915,270			
41	01 ULTRASOUND					
41	02 CT SCAN					
41	03 MRI					
43	RADIOISOTOPE					
44	LABORATORY		1,608,904			
49	RESPIRATORY THERAPY		597,992			
49	01 GATRO INTESTINAL SVCS					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY		4,433,398			
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		4,537,394			
56	DRUGS CHARGED TO PATIENTS		10,243,445			
57	RENAL DIALYSIS		28,799			
59	CARDIAC REHAB					
59	01 GUIDANCE		21,881			
59	02 WOUND CARE					
	OUTPAT SERVICE COST CNTRS					
61	EMERGENCY		5,347,987			
62	OBSERVATION BEDS (NON-DISTINCT PART)		141,944			
63	OTHER OUTPATIENT SERVICE COST CENTER					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL		77,109,617			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		77,109,617			

TITLE XVIII, PART B

HOSPITAL

Outpatient
Radiology

Other
Outpatient
Diagnostic

All Other

PPS Services
FYB. to 12/31

Non-PPS
Services

Cost Center Description	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,299,552	
38 RECOVERY ROOM				523,520	
39 DELIVERY ROOM & LABOR ROOM				1,324	
40 ANESTHESIOLOGY				49,009	
41 RADIOLOGY-DIAGNOSTIC				2,242,173	
41 01 ULTRASOUND					
41 02 CT SCAN					
41 03 MRI					
43 RADIOISOTOPE					
44 LABORATORY				175,581	
49 RESPIRATORY THERAPY				129,898	
49 01 GATRO INTESTINAL SVCS					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				359,784	
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				971,170	
56 DRUGS CHARGED TO PATIENTS				907,067	
57 RENAL DIALYSIS				6,400	
59 CARDIAC REHAB					
59 01 GUIDANCE				34,058	
59 02 WOUND CARE					
61 OUTPAT SERVICE COST CNTRS					
61 EMERGENCY				717,144	
62 OBSERVATION BEDS (NON-DISTINCT PART)				57,891	
63 OTHER OUTPATIENT SERVICE COST CENTER					
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL				7,474,571	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				7,474,571	

TITLE XVIII, PART B

HOSPITAL

PPS Services Hospital I/P Hospital I/P
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
41 01 ULTRASOUND			
41 02 CT SCAN			
41 03 MRI			
43 RADIOISOTOPE			
44 LABORATORY			
49 RESPIRATORY THERAPY			
49 01 GATRO INTESTINAL SVCS			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
57 RENAL DIALYSIS			
59 CARDIAC REHAB			
59 01 GUIDANCE			
59 02 WOUND CARE			
OUTPAT SERVICE COST CNTRS			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
63 OTHER OUTPATIENT SERVICE COST CENTER			
OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	39,384	8,387			99.03	830,565
31	INTENSIVE CARE UNIT	5,737	815			120.31	98,053
31	SUBPROVIDER						
31	01 SUBPROVIDER 2						
33	NURSERY	3,754	3,252			38.80	126,178
101	TOTAL	48,875	12,454				1,054,796

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIXI PROVIDER NO: I PERIOD: I PREPARED 4/28/2011
I 14-0084 I FROM 12/ 1/2009 I WORKSHEET D
I I TO 11/30/2010 I PART III
PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS					39,384	
31	INTENSIVE CARE UNIT					5,737	
31	SUBPROVIDER						
31 01	SUBPROVIDER 2						
33	NURSERY					3,754	
101	TOTAL					48,875	

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	8,387	
26	INTENSIVE CARE UNIT	815	
31	SUBPROVIDER		
31 01	SUBPROVIDER 2		
33	NURSERY	3,252	
101	TOTAL	12,454	

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	39,384
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	39,384
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	7,610
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	31,774
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	19,168
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	25,971,544
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	25,971,544

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	83,882,125
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	19,828,212
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	64,053,913
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.309620
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	2,605.55
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2,015.92
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	589.63
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	182.56
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	1,389,282
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	24,582,262

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	659.44
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	12,640,146
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	12,640,146

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT	7,104,389	5,737	1,238.35	3,308
44	CORONARY CARE UNIT				4,096,462
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				1 21,823,116
49	TOTAL PROGRAM INPATIENT COSTS				38,559,724

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2,296,192
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1,855,328
52	TOTAL PROGRAM EXCLUDABLE COST	4,151,520
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	34,408,204

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

1

PART IV - COMPUTATION OF OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST		25,971,544		421,382	
87	NEW CAPITAL-RELATED COST	3,900,163	25,971,544	.150171	421,382	63,279
88	NON PHYSICIAN ANESTHETIST		25,971,544		421,382	
89	MEDICAL EDUCATION		25,971,544		421,382	
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		33,968,738	
31	INTENSIVE CARE UNIT		9,676,317	
31	SUBPROVIDER			
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.053705	41,419,583	2,224,439
38	RECOVERY ROOM	.146051	2,594,591	378,943
39	DELIVERY ROOM & LABOR ROOM	.574720	10,437	5,998
40	ANESTHESIOLOGY	.109439	725,315	79,378
41	RADIOLOGY-DIAGNOSTIC	.102311	21,987,610	2,249,574
41	01 ULTRASOUND			
41	02 CT SCAN			
41	03 MRI			
43	RADIOISOTOPE			
44	LABORATORY	.109131	25,940,814	2,830,947
49	RESPIRATORY THERAPY	.217224	5,464,626	1,187,048
49	01 GATRO INTESTINAL SVCS			
50	PHYSICAL THERAPY	.338864	2,740,443	928,637
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.081153	16,547,992	1,342,919
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.214037	24,777,844	5,303,375
56	DRUGS CHARGED TO PATIENTS	.088551	37,516,275	3,322,104
57	RENAL DIALYSIS	.222221	1,878,371	417,413
59	CARDIAC REHAB			
59	01 GUIDANCE	1.556497	9,636	14,998
59	02 WOUND CARE			
	OUTPAT SERVICE COST CNTRS			
61	EMERGENCY	.134096	11,305,730	1,516,053
62	OBSERVATION BEDS (NON-DISTINCT PART)	.407842	52,202	21,290
63	OTHER OUTPATIENT SERVICE COST CENTER			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		192,971,469	21,823,116
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		192,971,469	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 4/28/2011
I 14-0084	I FROM 12/ 1/2009	I WORKSHEET E
I COMPONENT NO:	I TO 11/30/2010	I PART A
I 14-0084	I	I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	27,998,306	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	5,599,661	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	771,497	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	205.25	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
FOR CR PERIODS ENDING ON OR AFTER 7/1/2005		
E-3 PT 6 LN 15 PLUS LN 3.06		
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
SUM OF LINES PLUS E-3, PT		
3.21 - 3.23 VI, LINE 23		
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	6.81	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	27.65	
4.02 SUM OF LINES 4 AND 4.01	34.46	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	17.64	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	5,926,681	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685.(SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO:	I PERIOD:	I PREPARED 4/28/2011
I 14-0084	I FROM 12/ 1/2009	I WORKSHEET E
I COMPONENT NO:	I TO 11/30/2010	I PART A
I 14-0084	I	I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1

1.01

5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)	
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRU)	
5.06	TOTAL ADDITIONAL PAYMENT	
6	SUBTOTAL (SEE INSTRUCTIONS)	40,296,145
7	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	
7.01	HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)	
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	40,296,145
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,137,325
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)	
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	
11.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	
12	NET ORGAN ACQUISITION COST	
13	COST OF TEACHING PHYSICIANS	
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	
16	TOTAL	43,433,470
17	PRIMARY PAYER PAYMENTS	27,088
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	43,406,382
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,360,512
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	173,208
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	1,109,637
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	776,746
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	760,525
22	SUBTOTAL	40,649,408
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
24	OTHER ADJUSTMENTS (SPECIFY)	
24.94	LOW VOLUME ADJUSTMENT PAYMENT-1	
24.95	LOW VOLUME ADJUSTMENT PAYMENT-2	
24.96	LOW VOLUME ADJUSTMENT PAYMENT-3	
24.97	HCERA PAYMENTS	
24.98	CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES	
24.99	OUTLIER RECONCILIATION ADJUSTMENT	
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
26	AMOUNT DUE PROVIDER	40,649,408
27	SEQUESTRATION ADJUSTMENT	
28	INTERIM PAYMENTS	40,049,782
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
29	BALANCE DUE PROVIDER (PROGRAM)	599,626
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	968,306
----- FI ONLY -----		
50	OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01	
51	CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01	
52	OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT(SEE E INST	
53	CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)	
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	7,474,571
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	8,828,859
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	

COMPUTATION OF LESSER OF COST OR CHARGES

6	REASONABLE CHARGES	
7	ANCILLARY SERVICE CHARGES	
8	INTERNS AND RESIDENTS SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES	
10	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
11	TOTAL REASONABLE CHARGES	
12	CUSTOMARY CHARGES	
13	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
14	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
15	RATIO OF LINE 11 TO LINE 12	
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
19	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRU)	
20.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	8,828,859

COMPUTATION OF REIMBURSEMENT SETTLEMENT

21	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
22.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,196,868
23	SUBTOTAL (SEE INSTRUCTIONS)	6,631,991
24	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
25	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
26	ESRD DIRECT MEDICAL EDUCATION COSTS	
27	SUBTOTAL	6,631,991
28	PRIMARY PAYER PAYMENTS	6,391
29	SUBTOTAL	6,625,600

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

30	COMPOSITE RATE ESRD	
31	BAD DEBTS (SEE INSTRUCTIONS)	778,109
32.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	544,676
33.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	642,553
34	SUBTOTAL	7,170,276
35	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
36	OTHER ADJUSTMENTS (SPECIFY)	
37.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
38	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
39	SUBTOTAL	7,170,276
40	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
41	INTERIM PAYMENTS	7,076,600
42.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
43	BALANCE DUE PROVIDER/PROGRAM	93,676
44	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	59,222

TO BE COMPLETED BY CONTRACTOR

45	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
46	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
47	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
48	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
49	TOTAL (SUM OF LINES 51 AND 53)	

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2	3	4
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		39,958,982		6,997,600
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		NONE		NONE
ADJUSTMENTS TO PROVIDER .01	6/30/2010	90,800	6/30/2010	79,000
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		90,800		79,000
4 TOTAL INTERIM PAYMENTS		40,049,782		7,076,600
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		599,626		93,676
7 TOTAL MEDICARE PROGRAM LIABILITY		40,649,408		7,170,276

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
1	CURRENT ASSETS				
1	CASH ON HAND AND IN BANKS	-577,328			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	27,314,288			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-8,938,847			
7	INVENTORY	3,195,433			
8	PREPAID EXPENSES	1,553,300			
9	OTHER CURRENT ASSETS	235,960			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	22,782,806			
	FIXED ASSETS				
12	LAND	11,242,045			
12.01					
13	LAND IMPROVEMENTS	2,267,670			
13.01	LESS ACCUMULATED DEPRECIATION	-522,430			
14	BUILDINGS	50,102,763			
14.01	LESS ACCUMULATED DEPRECIATION	-5,284,510			
15	LEASEHOLD IMPROVEMENTS	6,060,938			
15.01	LESS ACCUMULATED DEPRECIATION	-644,363			
16	FIXED EQUIPMENT	2,090,208			
16.01	LESS ACCUMULATED DEPRECIATION	-579,619			
17	AUTOMOBILES AND TRUCKS	62,732			
17.01	LESS ACCUMULATED DEPRECIATION	-44,149			
18	MAJOR MOVABLE EQUIPMENT	18,817,403			
18.01	LESS ACCUMULATED DEPRECIATION	-8,014,466			
19	MINOR EQUIPMENT DEPRECIABLE	9,921,257			
19.01	LESS ACCUMULATED DEPRECIATION	-6,113,185			
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	79,362,294			
	OTHER ASSETS				
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	-4,717,021			
26	TOTAL OTHER ASSETS	-4,717,021			
27	TOTAL ASSETS	97,428,079			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	22,023,197			
29 SALARIES, WAGES & FEES PAYABLE	5,679,367			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	39,799,693			
35 OTHER CURRENT LIABILITIES	2,061,968			
36 TOTAL CURRENT LIABILITIES	69,564,225			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES				
43 TOTAL LIABILITIES	69,564,225			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	27,863,854			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	27,863,854			
52 TOTAL LIABILITIES AND FUND BALANCES	97,428,079			

STATEMENT OF CHANGES IN FUND BALANCES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	4/28/2011
I	14-0084	I	FROM 12/ 1/2009	I	WORKSHEET	G-1
I		I	TO 11/30/2010	I		

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		20,386,983		
2 OF PERIOD				
3 NET INCOME (LOSS)		7,476,871		
4 TOTAL		27,863,854		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ADDITIONS (CREDIT ADJUSTM				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		27,863,854		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF		27,863,854		
PERIOD PER BALANCE SHEET				

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING				
2 OF PERIOD				
3 NET INCOME (LOSS)				
4 TOTAL				
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ADDITIONS (CREDIT ADJUSTM				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF				
PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	65,736,830		65,736,830
2 00 SUBPROVIDER			
2 01 SUBPROVIDER 2			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	65,736,830		65,736,830
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	16,842,542		16,842,542
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	16,842,542		16,842,542
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	82,579,372		82,579,372
17 00 ANCILLARY SERVICES	398,499,982		398,499,982
18 00 OUTPATIENT SERVICES		314,326,252	314,326,252
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
23 00 HOSPICE			
24 00 NURSERY SERVICES	4,229,882		4,229,882
25 00 TOTAL PATIENT REVENUES	485,309,236	314,326,252	799,635,488

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	154,512,651
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	154,512,651

DESCRIPTION		
1	TOTAL PATIENT REVENUES	799,635,488
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	639,545,621
3	NET PATIENT REVENUES	160,089,867
4	LESS: TOTAL OPERATING EXPENSES	154,512,651
5	NET INCOME FROM SERVICE TO PATIENTS	5,577,216
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	60
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	167,596
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	3,203
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	15
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	5,694
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	12,002
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	728,209
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	1,687
22	RENTAL OF HOSPITAL SPACE	806,335
23	GOVERNMENTAL APPROPRIATIONS	70,857
24	OTHER MISCELLANEOUS REVENUE	103,997
25	TOTAL OTHER INCOME	1,899,655
26	TOTAL	7,476,871
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	7,476,871

CALCULATION OF CAPITAL PAYMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 4/28/2011
I	14-0084	I	FROM 12/ 1/2009	I	WORKSHEET L
I	COMPONENT NO:	I	TO 11/30/2010	I	PARTS I-IV
I	14-0084	I		I	

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	2,758,573
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	179,307
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	121.87
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	6.81
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	27.65
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	34.46
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	7.23
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	199,445
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,137,325
PART II	- HOLD HARMLESS METHOD	
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III	- PAYMENT UNDER REASONABLE COST	
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV	- COMPUTATION OF EXCEPTION PAYMENTS	
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	.00
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPIENT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
PART II -	HOLD HARMLESS METHOD	
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III -	PAYMENT UNDER REASONABLE COST	
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV -	COMPUTATION OF EXCEPTION PAYMENTS	
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	